## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 22, 2002 8:00 am Secretary of State DOCUMENT # L61853 1. Entity Name 04-22-2002 90223 002 \*\*\*150.00 FYE'S AIR CONDITIONING & REFRIGERATION, INC. Principal Place of Business Mailing Address C/O GEORGE C. FYE C/O GEORGE C. FYE 1226 7TH AVENUE 1226 7TH AVENUE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address 1226 7 TO AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Çity & State City & State 4. FEI Number Applied For VERO BFACH 59-3003142 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 👵 🔲 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FYE, GEORGE C. Street Address (P.O. Box Number is Not Acceptable) 1226 7TH AVENUE VERO BEACH FL 32960 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition Change NAME FYE, GEORGE C. NAME STREET ADDRESS 1226 7TH AVENUE STREET ADDRESS CITY-ST-71P VERO BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME FYE, CONNIE R. NAME STREET ADDRESS 1226 7TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL TITLE Delete TITI F ☐ Change Addition NAME **GUERTIN. JOHN** STREET ADDRESS STREET ADDRESS 1223 7TH AVE CITY-ST-ZIP حدث CI<u>T</u>Y\_ST\_ZIP <u>VERO BEACH FL</u> ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**FILED**