

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L64342**

1. Entity Name
AIRCO HEAT & COOL, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90073 047 ***150.00

Principal Place of Business
**413 OAK PLACE
BLDG. 4, UNIT D
PORT ORANGE FL 32127
US**

Mailing Address
**C/O CLAUDE ANCELIN
862 HEWITT DRIVE
DAYTONA BEACH FL 32127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

/ip

Country

/ip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3004879**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANCELIN, CLAUDE
862 HEWITT DRIVE
DAYTONA BEACH FL 32127**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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

Signature of officer or director, or registered agent, and title (as applicable)

(NOTE: Registered Agent signature required when re-registering)

Date

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001

TITLE	D	☐ Delete
NAME	ANCELIN, CLAUDE	
STREET ADDRESS	862 HEWITT DR.	
CITY-STATE-ZIP	DAYTONA BEACH FL	
TITLE	SEC	☐ Delete
NAME	ANCELIN, LOIS	
STREET ADDRESS	862 HEWITT DR.	
CITY-STATE-ZIP	DAYTONA BEACH FL	
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information provided 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURES:

Lois Ancelin *Claude Ancelin* *April 23, 2001* (386) 261-8163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)