

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98959

1. Entity Name

CITY AIR CONDITIONING & REFRIGERATION, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90157 036 ***150.00

Principal Place of Business 207 GOOLSBY BLVD DEERFIELD BEACH FL 33442 US	Mailing Address 835 GLOUCESTER ST BOCA RATON FL 33487-3211 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0217284	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMILLAN, JACKIE
835 GLOUCESTER ST
BOCA RATON FL 33487**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL 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 _____ DATE _____
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 Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 11	
TITLE PTD	<input type="checkbox"/> Delete	TITLE MCMILLAN, JOSEPH H	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCMILLAN, JOSEPH H		NAME MCMILLAN, JOSEPH H	
STREET ADDRESS 835 GLOUCESTER ST		STREET ADDRESS 835 GLOUCESTER ST	
CITY-ST-ZIP BOCA RATON FL 33487		CITY-ST-ZIP BOCA RATON FL 33487	
TITLE VSD	<input type="checkbox"/> Delete	TITLE MCMILLAN, JACKIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCMILLAN, JACKIE		NAME MCMILLAN, JACKIE	
STREET ADDRESS 835 GLOUCESTER ST		STREET ADDRESS 835 GLOUCESTER ST	
CITY-ST-ZIP BOCA RATON FL 33487		CITY-ST-ZIP BOCA RATON FL 33487	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Jackie McMillan **2/23/00 561-852-9093**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)