2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2002 8:00 am Secretary of State M50020 DOCUMENT # 1. Entity Name 01-30-2002 90024 012 ***150.00 HAL KING AIR CONDITIONING, CO. Mailing Address Principal Place of Business C/O HALBERT W. KING C/O HALBERT W. KING 10445 SW 7TH TERR 10445 SW 7TH TERR MIAMI FL 33174 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2796737 Not Applicable __Zip___ .Country___ Country \$8.75 Additional -5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KING, SEAN H Street Address (P.O. Box Number is Not Acceptable) 10445 SW 7THTERRACE **MIAMI FL 33174** 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. NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicat FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change Addition DPS ☐ Delete TITLE TITI E NAME KING, SEAN H. NAME STREET ADDRESS 10445 S.W. 7TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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