

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90146 039 ***158.75

DOCUMENT # M89929

1. Entity Name
ADDOTTA AIR CONDITIONING AND APPLIANCE SERVICE, INC.



Principal Place of Business
4455 SATURN AVENUE
WEST PALM BEACH FL 33406
US

Mailing Address
1128 ROYAL PALM BEACH BLVD
#476
ROYAL PALM BEACH FL 33411



2. Principal Place of Business

3. Mailing Address

1128 Royal Palm Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#476

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Royal Palm Beach, FL

4. FEI Number

65-0063475

Applied For

Not Applicable

Zip

Country

Zip

33411

Country

FL

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

ADDOTTA, SALVATORE JOSEPH
11191 - 52ND RD., N.
ROYAL PALM BCH. FL 33411

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVP
ADDOTTA, SALVATORE J.
11191 52ND RD NORTH
ROYAL PALM BEACH FL 33411

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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ADDOTTA, LORI LYNN
11191 52ND RD NORTH
ROYAL PALM BEACH FL 33411

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)