

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90053 001 \*\*\*150.00

0007259 AV

**DOCUMENT # M92137**

1. Entity Name  
**ACCU-AIR COOLING SERVICE, INC.**



Principal Place of Business  
**ACCU-AIR COLLING SERVICE, INC**  
**8562 ALICANTA AVENUE**  
**ORANGE PARK FL 32073**  
**US**

Mailing Address  
**ACCU-AIR COOLING SERVICE, INC.**  
**8562 ALICANTA AVENUE**  
**ORANGE PARK FL 32073**  
**US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**Accu-Air Cooling Service**

Suite, Apt. #, etc.  
**8544 ALICANTA AVE.**

City & State  
**O.P., FL.**

Zip  
**32073**

Country

3. Mailing Address  
**Accu-Air Cooling Service**

Suite, Apt. #, etc.  
**8544 ALICANTA AVE.**

City & State  
**O.P., FL.**

Zip  
**32073**

Country

4. FEI Number  
**59-2901695**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WINKLER, JOHN S.**  
**2515 OAK STREET**  
**JACKSONVILLE FL 32221**

**7. Name and Address of New Registered Agent**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	LEO, CHARLES HENRY	404 HARVEST BEND DRIVE	ORANGE PARK FL	<input type="checkbox"/>
D	LEO, BRENDA KAY	404 HARVEST BEND DRIVE	ORANGE PARK FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	LEO, Charles Henry	260 Hollywood Forest Drive	O.P., FL. 32003	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	LEO, Brenda Kay	260 Hollywood Forest Drive	O.P., FL. 32003	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03

(904) 278-0900

Date

Daytime Phone #

CR2E034 (10/02)