

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90133 032 ***150.00

DOCUMENT # N00000007206

1. Entity Name

RHEEM TEAM DEALERS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

**3727 ENTERPRISE AVE
 NAPLES FL 34104**

**3727 ENTERPRISE AVE
 NAPLES FL 34104**

RH454769



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59 3694109

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

**JACKSON, PAUL D
 3727 ENTERPRISE AVE
 NAPLES FL 34104**

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.

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, PAUL D	NAME	
STREET ADDRESS	3727 ENTERPRISE AVE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNSWICK, ROGER	NAME	
STREET ADDRESS	6261-METRO-PLANTATION RD	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITE, DEAN	NAME	
STREET ADDRESS	18494 GERANIUM RD	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERVICK, WILLIAM S	NAME	
STREET ADDRESS	606 CENTER ROAD	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGER, DAVID K	NAME	
STREET ADDRESS	1020 PINE ISLAND RD STE 107	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33915	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACLOCK, THOMAS	NAME	
STREET ADDRESS	1027 SE 12 CT	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP	

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 617, 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 information empowered.

SIGNATURE: **SIGNATURE REQUIRED** PAUL D. JACKSON PDB 4-30-01 941643-0923

CR2E037 (10/00)