

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90230 048 \*\*\*\*61.25

0053392

**DOCUMENT # N00000007206**

1. Entity Name  
**RHEEM TEAM DEALERS OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**3727 ENTERPRISE AVE**      **3727 ENTERPRISE AVE**  
**NAPLES FL 34104**      **NAPLES FL 34104**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

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

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

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 \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |                                                                              |
|----------------|-----------------------------|------------------------------------------------------------------------------|
| TITLE          | TD                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PAUL D. JACKSON             |                                                                              |
| STREET ADDRESS | 3727 ENTERPRISE AVE         |                                                                              |
| CITY-ST-ZIP    | NAPLES, FL 34104            |                                                                              |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |                                                                              |
| STREET ADDRESS |                             |                                                                              |
| CITY-ST-ZIP    |                             |                                                                              |
| TITLE          | D                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | WILLIAM S. SERVICK          |                                                                              |
| STREET ADDRESS | 606 CENTER ROAD             |                                                                              |
| CITY-ST-ZIP    | FT MYERS FL 33907           |                                                                              |
| TITLE          | SD                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DAVID K. AUGER              |                                                                              |
| STREET ADDRESS | 1020 PINE ISLAND RD STE 107 |                                                                              |
| CITY-ST-ZIP    | CAPE CORAL FL 33915         |                                                                              |
| TITLE          | PD                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | THOMAS BLACLOCK             |                                                                              |
| STREET ADDRESS | 1027 SE 12TH COURT          |                                                                              |
| CITY-ST-ZIP    | CAPE CORAL FL 33990         |                                                                              |

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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED TREASURER      4-16-03

CR2E037 (10/02)