

3/8/

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000004086**

1. Entity Name

NORTH FLORIDA AIR CONDITIONING CONTRACTORS ASSOC**FILED**
Apr 16, 2001 8:00 am
Secretary of State

03-08-2001 90098 026 ****61.25

Principal Place of Business

P.O. BOX 40107
JACKSONVILLE FL 32203-0107
US

Mailing Address

P.O. BOX 40107
JACKSONVILLE FL 32203-0107
US

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

59-1689187

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

PHILLIPS, CARRIE
10285 STONINGTON WAY
JACKSONVILLE FL 32221

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

Carrie Phillips

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

(NOTE: Registered Agent signature required when reinstating)

3/16/01

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GRiffin, DAN	
STREET ADDRESS	1000 EDISON AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	THIGPEN, JOEY	
STREET ADDRESS	2801 DAWN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PIERSON, NANCY	
STREET ADDRESS	PO BOX 10234	
CITY-ST-ZIP	JACKSONVILLE FL 32247	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILSON, SCOTT	
STREET ADDRESS	1009 VINE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	SANDERS, BOB	
STREET ADDRESS	522 PARK STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARPER, RICK	
STREET ADDRESS	5909-3 ST. AUGUSTINE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID PIERSON	
STREET ADDRESS	2004 JONES RD	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM MALLORY	
STREET ADDRESS	PO BOX 10429	
CITY-ST-ZIP	JACKSONVILLE, FL 32247	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARPER, RICK	
STREET ADDRESS	5909-3 ST AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ED MILLER	
STREET ADDRESS	P.O. Box 16826	
CITY-ST-ZIP	JAX, FL 32216	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 lines empowered.

SIGNATURE: *David M. Pierson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-01

CR2E037 (10/00)