

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005652

1. Entity Name

CENTRAL FLORIDA COOLING REFRIGRATION HEATING CONT

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90010 028 ****61.25

Principal Place of Business

Mailing Address

15 3RD STREET
EAGLE LAKE FL 33839

P.O. BOX 612
EAGLE LAKE FL 33839



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1520 42nd St. NW

1520 42nd St. NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Haven, FL

Winter Haven, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
33881

Country
USA

Zip
33881

Country
USA

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

PILKENTON, SHANE A
15 3RD STREET
EAGLE LAKE FL 33839

Name
Proferes, Peter C.

Street Address (P.O. Box Number Not Acceptable)
1520 42nd Street N.W.

City
Winter Haven FL 33881

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARMELING, JUDY
135 SOUTH ACUFF ROAD
LAKE WALES FL 33853 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Peter C. Proferes
1520 42nd Street, NW
Winter Haven, FL 33881 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, H. JIM
4510 FLINTLOCK DRIVE
LAKELAND FL 33810 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLER, TIM
1820 S. COMBEE ROAD, SUITE B
LAKELAND FL 33801 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GENGLER, JIM
1820 S. COMBEE ROAD, SUITE B
LAKELAND FL 33801 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)