

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005652

1. Entity Name

CENTRAL FLORIDA COOLING REFRIGATION HEATING CONT

Principal Place of Business

1520 42ND ST NW  
WINTER HAVEN FL 33881

Mailing Address

1520 42ND ST NW  
WINTER HAVEN FL 33881

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

NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PROFERES, PETER C  
1520 42ND STREET NW  
WINTER HAVEN FL 33881

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.

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

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

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

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

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

TITLE NAME P PROFERES, PETER C ☐ Delete  
STREET ADDRESS 1520 42ND STREET NW  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90238 032 \*\*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)