

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002379

1. Entity Name

R & R HVAC EST. & SALES INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90108 031 \*\*\*150.00

Principal Place of Business

1375 SAXONY CIRCLE UNIT 124  
PUNTA GORDA FL 33983

Mailing Address

1375 SAXONY CIRCLE UNIT 124  
PUNTA GORDA FL 33983

2. Principal Place of Business

7519 S. Blue Sage St.

Suite, Apt. #, etc.

3. Mailing Address

7519 S. Blue Sage St.

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

4. FEI Number

65-0975229

Applied For

Not Applicable

Zip

33955

Country

USA

Zip

33955

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEPAGE, ROGER  
1375 SAXONY CIRCLE UNIT 124  
PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent

Name Roger LePage

Street Address (P.O. Box Number is Not Acceptable)

7519 S. Blue Sage St.

City Punta Gorda

FL

Zip Code

33955

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 Roger LePage

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-06-01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME LEPAGE, ROGER  
STREET ADDRESS 1375 SAXONY CIR.  
CITY-ST-ZIP PUNTA GORDA FL 33983 ☐ Delete

TITLE S  
NAME LEPAGE, RUTH  
STREET ADDRESS 1375 SAXONY CIR.  
CITY-ST-ZIP PUNTA GORDA FL 33983 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

1-16-01

Date

525-7091

Daytime Phone #

CR2E034 (10/00)