

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90075 029 \*\*\*150.00

**DOCUMENT # P00000009946**

1. Entity Name

**FARRELL'S AIR CONDITIONING, INC.**

Principal Place of Business

**37136 STATE ROAD 19  
UMATILLA FL 32784**

Mailing Address

**9069 SAINT ANDREWS WAY  
MOUNT DORA FL 32757**

2. Principal Place of Business

3. Mailing Address

**200 Devault St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Lot 36**

City & State

**Umatilla, FL**

Zip

Country

Zip

Country

**32784**

**Lake**

4. FEI Number

**59-3626300**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FARRELL, RICHARD C SR.  
9069 SAINT ANDREWS WAY  
MOUNT DORA FL 32757**

7. Name and Address of New Registered Agent

Name

**new address only**

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

**200 Devault St.**

**Lot 36**

City

**Umatilla**

**FL**

Zip Code

**32784**

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

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 **D** ☐ Delete  
NAME **FARRELL, RICHARD C SR.**  
STREET ADDRESS **9069 SAINT ANDREWS WAY**  
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **D** ☐ Delete  
NAME **FARRELL, SONDRAL**  
STREET ADDRESS **9069 SAINT ANDREWS WAY**  
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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: **Richard C Farrell Sr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 15, 2001**

Date

Daytime Phone #

CR2E034 (10/00)