

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90064 015 ***150.00

DOCUMENT # P00000019649

1. Entity Name

ISLAND AIR CONDITIONING AND REPAIR, INC.

Principal Place of Business

~~1166 NE OCEAN VIEW CIR.
JENSEN BEACH FL 33957~~

Mailing Address

~~1166 NE OCEAN VIEW CIR.
JENSEN BEACH FL 33957~~

2. Principal Place of Business

1087 SW. Fenway Rd

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Port. St. Lucie, FL

City & State

same

Zip

34953

Country

St. Lucie

Zip

same

Country

4. FEI Number

65-0990583

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARVIN, CYNTHIA G
47 EAST OCEAN BLVD.
STUART FL 34994

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

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAUL Gonzalez	
STREET ADDRESS	1087 SW. Fenway Rd.	
CITY-ST-ZIP	Port. St. Lucie, FL 34953	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J. Pechler	
STREET ADDRESS	1166 NE Oceanview Circle	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	Treasurer/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANNE L. Pechler	
STREET ADDRESS	1166 NE Oceanview Cir.	
CITY-ST-ZIP	Jensen Beach, FL 34957	
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		

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 another like empowered.

SIGNATURE:

DIANNE L. Pechler

Date

Daytime Phone #

CR2E034 (10/00)