## 2001 UNIFORM BUSINESS REPORT (UBR)

200	1 UNI	FORM BUSI	NESS REPO	RŤ	(UB	R)	8/ Ser		LED 001 8	:00 a	ım
DOCUMENT # P0000052925  1. Entity Name TRI-COUNTY AIR CONDITIONING, INC.								12, 2 ecreta 8-22-2001 9			,
'	rce of Busines. PRISE COURT . 34275	s	Mailing Address 1080 ENTERPRISE COURT NOKOMIS FL 34275								
2 Principal	Place of Busin		3. Mailing Address	·							
Suite, Apt			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te		City & State				4. FEI Number Applied For				
Zip Country			Zip	try	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name	and Address of Current Re	gistered Agent				Name and Address	of New Registe			]
KOACH, KRAIG H KRAIG H. KOACH, P.A. 434 SWASHINGTON BLVD				William S. Swanson Straet Address (P.O. Box Number is 1080 Enterprise Cou				cceptable)			<u> </u>
SARASOTA FL 34236				City Nokomis					FL 3429	5	_
8. The above	s named entity  Signature, typed	submits this statement for the submits this statement for the submits the subm				r registered ag		9-5-	O I		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After September 12, 2  Make Check Payable					Fee will b	e \$750.00	10. Election Carr Trust Fund C		_ ****	00 May Be d to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		OFFICERS AND DI  I, WILLIAM S  ERPRISE COURT FL 34275	RECTORS Delate			S Sulliv 1080 E	an, William nterprise C s, FL 34275	A.	AND DIRECTOR  Change	S IN 11	E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAY, JEFFREY D 1080 ENTERPRISE COURT NOKOMIS FL 34275		Delete TITLE NAME STREE			D Abbott 1080 E				Addition	CR2
TITLE			Delete TITLE					☐ Change	Addition	1	
STREET ADDRESS'					T ADDRESS ST-ZIP					ಕ್ರಾಣಕ: :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition	
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indicated of the cor	on this report poration or the or on an attac	information supplied with this or supplemental report is true a receiver or trustee empowers threat with an address, with SICULARY	re and accurate and that my pred to execute this report as	:sionatu	≀ra shall ha	ave the same l	enal effect as if mad	e under oath: tha	it Lam an officer	or director	
		SKINATURE AND TYPED ON PRINT	TED NAME O SIGNING OFFICER OR	DIRECTO	R		Date		Daytime Phone #		İ