

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 14 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000099108

1. Entity Name  
Mid-Fla Heating and Air, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
22010 NW County Rd 236  
Suite, Apt. #, etc.

3. Mailing Address  
22010 NW County Rd 236  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
High Springs, FL  
Zip 32643 Country

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High Springs, FL  
Zip 32643 Country

4. FEI Number 01-0655715  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Lyons, Norma J.  
Street Address (P.O. Box Number is Not Acceptable)  
22010 NW County Rd 236  
City High Springs FL Zip Code 32643

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) ☐

January 1 - May 1 Fee is \$150.00.  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 Lyons, Norma J.  
STREET ADDRESS 22010 NW County Rd 236  
CITY-ST-ZIP High Springs, FL 32643

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Norma J. Lyons 5/20/02 352.331-3565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)