

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91515 020 ***150.00

DOCUMENT # **P00000102733**

1. Entity Name

Am-Aire Cooling & Heating, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

410 Leonard Blvd.

Suite, Apt. #, etc.

3. Mailing Address

410 Leonard Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

4. FEI Number

65-1049615

Applied For

Not Applicable

Zip

33971

Country

USA

Zip

33971

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Thomas Deane

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

410 Leonard Blvd.

City

Lehigh Acres,

FL

Zip Code

33971

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

Thomas Deane

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

(NOTE: Registered Agent signature required when reinstating)

4/18/2002

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 **President** **Delete**
NAME **Susan Schwartzkopf-Deane**
STREET ADDRESS **2654 Shriver Dr.**
CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE **President** **Add/Change**
NAME **Thomas Deane**
STREET ADDRESS **2654 Shriver Dr.**
CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
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

Thomas Deane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2002 (941) 363-9918

Date

Daytime Phone #

CR2E034B (12/01)