## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am Secretary of State P01000064476 DOCUMENT # 05-22-2002 90188 050 \*\*\*150.00 ELITE COOLING, HEATING & APPLIANCE OF POLK COUNT Y INC. Principal Place of Business Mailing Address 5123 ORANGE AVENUE 5123 ORANGE AVENUE LAKELAND FL 33810 LAKELAND FL 33810 3. Mailing Address 2. Principal Place of Business P.O. BOX 7709 3 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number Not Applicable 743006970 $\overline{c}_{ountry}$ \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARRETT, JAMES K Street Address (P.O. Box Number is Not Acceptable) 5123 ORANGE AVENUE LAKELAND FL 33810 Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME GARRETT, JAMES K STREET ADDRESS **5123 ORANGE AVENUE** STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33810 CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME BEVERLY, DAVID L STREET ADDRESS STREET ADDRESS 7709 BRIAN LOOP CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33810 ☐ Change Addition **⊠** Delete TITI E TITLE NAME NAME GARRETT, MARTIN STREET ADDRESS STREET ADDRESS 959 CAMBRIDGE CT CITY-ST-ZIP CITY-ST-ZIP **POINCIANA FL 34758** ☐ Change Addition Secretary Kellie D. Beverly ☐ Delete TITLE TITLE NAME NAME 7709 Rojan Loop STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 23810 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**