

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067020

1. Entity Name

NORTHWEST FLORIDA AIR-CONDITIONING SYSTEMS AND SERVICE, INC.

Principal Place of Business

3983 NORTH W STREET #31
PENSACOLA FL 32505

Mailing Address

3983 NORTH W STREET #31
PENSACOLA FL 32505

2. Principal Place of Business

401 N. Tarragona St
Suite, Apt. #, etc.

3. Mailing Address

401 N. Tarragona St
Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-3729646

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ALLEN C
3983 NORTH W STREET #31
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

Gemma L. Cobb
Street Address (P.O. Box Number is Not Acceptable)
401 N. Tarragona St.

City Pensacola

FL

Zip Code 32501

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, 2002 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 D
NAME MILLER, ALLEN C
STREET ADDRESS 3983 NORTH W STREET #31
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete

TITLE D
NAME WINDSOR, TERRY L
STREET ADDRESS 3983 NORTH W STREET #31
CITY-ST-ZIP PENSACOLA FL 32505 ☒ Delete

TITLE D
NAME Gemma L. Cobb
STREET ADDRESS 401 N. Tarragona St.
CITY-ST-ZIP Pensacola, FL 32501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/02 850-944-5503

Date

Daytime Phone #

CR2EN34 (9/01)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-19-2002 90250 035 ***150.00



DO NOT WRITE IN THIS SPACE