

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90134 020 ***150.00

DOCUMENT # P01000068093

1. Entity Name
M.C.B. HEATING & AIR CONDITIONING, INC.



Principal Place of Business
211 SUMMERLIN AVE.
SANFORD FL 32771

Mailing Address
211 SUMMERLIN AVE.
SANFORD FL 32771

2. Principal Place of Business
291 4th Street

3. Mailing Address
P.O. Box 886

Suite, Apt. #, etc.
Geneva, FL

Suite, Apt. #, etc.
Geneva, FL

City & State

City & State

4. FEI Number 59-3729840

Applied For
Not Applicable

Zip
32732

Country
U.S.A.

Zip
32732

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLTON, MARK CLARK
291 4TH ST.
GENEVA FL 32732

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BOLTON, MARK C
STREET ADDRESS 291 4TH ST
CITY-ST-ZIP GENEVA FL 32732

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

TITLE V ☒ Delete
NAME MONSEES, GARY J
STREET ADDRESS 211 SUMMERLIN AVE
CITY-ST-ZIP SANFORD FL 32771

TITLE ☒ Change ☐ Addition
NAME Bolton, Christy L.
STREET ADDRESS 291 4th Street
CITY-ST-ZIP Geneva FL 32732

TITLE S ☒ Delete
NAME KMETT, KIMBERLY
STREET ADDRESS 211 SUMMERLIN AVE
CITY-ST-ZIP SANFORD FL 32771

TITLE ☒ Change ☐ Addition
NAME Bolton, Kristen J
STREET ADDRESS 291 4th Street
CITY-ST-ZIP Geneva FL 32732

TITLE T ☒ Delete
NAME KMETT, KIMBERLY
STREET ADDRESS 211 SUMMERLIN AVE
CITY-ST-ZIP SANFORD FL 32771

TITLE ☒ Change ☐ Addition
NAME Bolton, Kristen J
STREET ADDRESS 291 4th Street
CITY-ST-ZIP Geneva FL 32732

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Bolton* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-03

Date

407-314-5139

Daytime Phone #

CR2E034 (10/02)