

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90131 023 \*\*\*150.00

**DOCUMENT # P01000111914**

**1. Entity Name**  
**ENVIRONMENTAL AIR CONDITIONING SERVICES, INC.**



**Principal Place of Business**  
**6900 PHILLIPS HWY**  
**STE 14**  
**JACKSONVILLE FL 32214**

**Mailing Address**  
**PO BOX 24786**  
**JACKSONVILLE FL 32241**

**2. Principal Place of Business**

**3. Mailing Address**

**6900 Phillips Hwy**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**Suite 14**

**City & State**

**Jacksonville FL**

**Zip**

**Country**

**Zip**

**Country**

**32216 USA**

**4. FEI Number** **59-3754610**

**Applied For**  
**Not Applicable**

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

☒ **CHECK HERE IF MAKING CHANGES**



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

**LAWTECH, P.A.**  
**118 WEST ADAMS STREET, SUITE 500**  
**JACKSONVILLE FL 32202**

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

**Name**

**HOWARD K STALLS, JR**

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

**6900 PHILLIPS HWY, SUITE 14**

**City**

**JACKSONVILLE**

**FL**

**Zip Code**

**32216**

**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**

**1/17/03**

**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**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ **Delete**  
**NAME** **STALLS, HOWARD K JR**  
**STREET ADDRESS** **6900 PHILLIPS HWY STE 14**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32216**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
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**STREET ADDRESS**  
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**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 an other, like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/17/03**

**Date**

**904-279-0030**

**Daytime Phone #**

CR2E034 (10/02)