

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90859 043 \*\*\*150.00

DOCUMENT # P01000118233

1. Entity Name **PERFORMANCE HEATING + AIR  
CONDITIONING INC.**

**DO NOT WRITE IN THIS SPACE**

831558

2. Principal Place of Business **5448 BRIGHTMEADOW**  
Suite, Apt. #, etc.

3. Mailing Address **5448 BRIGHT MEADOW**  
Suite, Apt. #, etc.

City & State **MILTON FL**

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4. FEI Number **01-0567246**

Applied For  
Not Applicable

Zip **32570** Country **SANTAROSA**

Zip **32570** Country **SANTA ROSA**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name **TONEY WHITLEY**  
Street Address (P.O. Box Number is Not Acceptable) **5448 BRIGHT MEADOW**  
City **MILTON** FL Zip Code **32570**

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) ☒

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>TONEY WHITLEY</b> <b>5448 BRIGHT MEADOW RD.</b> <b>MILTON FL 32570</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>DAVID HARRILL</b> <b>5862 LOCUST ST.</b> <b>MILTON FL 32570</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 **Toney Whitley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/02** **850 994-8330**  
Date Daytime Phone #

CR2E034B (12/01)