

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-15-2003 90022 034 ***550.00

DOCUMENT # P02000006013

1. Entity Name
A.C.B. AIR CONDITIONING, INC.



Principal Place of Business
4950 NE 185 AVE.
WILLISTON FL 32696

Mailing Address
4950 NE 185 AVE.
WILLISTON FL 32696

00000000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number

04-3626296

Applied For

Not Applicable

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

CLAYTON, DOLORES M
4950 NE 185 AVE.
WILLISTON FL 32696

Name

Sandra L. Abramovitz

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

4950 NE 185 AVE

City

Williston

FL

Zip Code

32696

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 registers

SIGNATURE

Sandra L. Abramovitz

7-10-03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE PD
NAME WHITNEY, ALAN G
STREET ADDRESS 4950 NE 185 AVE.
CITY-ST-ZIP WILLISTON FL 32696 ☐ Delete

TITLE DSV
NAME SANDRA L. Abramovitz
STREET ADDRESS 4950 NE 185 AVE
CITY-ST-ZIP WILLISTON, FL 32696 ☐ Change ☒ Addition

TITLE VSTD
NAME CLAYTON, DOLORES M
STREET ADDRESS 4950 NE 185 AVE.
CITY-ST-ZIP WILLISTON FL 32696 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Alan Whitney REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-03

Date

352-523-2229

Daytime Phone #

CR2E034 (4/03)