

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90065 014 ***158.75

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1. Entity Name
HIGHT AIR CONDITIONING, INC.



Principal Place of Business
4423 SOUTH ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34741

Mailing Address
P.O. BOX 420974
KISSIMMEE FL 34742

2. Principal Place of Business

3. Mailing Address

P.O. Box 420974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Kissimmee, Florida

City & State
Kissimmee, Florida

4. FEI Number
010614306

Applied For
Not Applicable

Zip Country
34741 OSCEOLA

Zip Country
34742 OSCEOLA

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

6. Name and Address of Current Registered Agent

HIGHT, JAMES E
4423 SOUTH ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME HIGHT, JAMES E
STREET ADDRESS P.O. BOX 420974
CITY-ST-ZIP KISSIMMEE FL 34742

TITLE D
NAME ORAZI, TOD
STREET ADDRESS P.O. BOX 421793
CITY-ST-ZIP KISSIMMEE FL 34742

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

James E Hight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-03

Date

407-933-4353

Daytime Phone #

CR2E034 (10/02)