

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90637 046 ***150.00

DOCUMENT # P02000040359

1. Entity Name

BROTHERS A/C & CONTROLS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2307 BRUNER LN. #6

3. Mailing Address

P.O. BOX 61848

Suite, Apt. #, etc.

FORT MYERS, FLORIDA

Suite, Apt. #, etc.

FORT MYERS, FLORIDA

City & State

City & State

Zip

33912

Country

U.S.A.

Zip

33906

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3641578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BRUCE D. HARVEY

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

4613 S.E. 5TH AVE. #208

City

CAPE CORAL

FL

Zip Code

33904

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P/S/D BRUCE D. HARVEY 4613 SE 5TH AVE #208 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARK HARVEY 4613 SE 5TH AVE #208 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T ALLEN HARVEY 4613 SE 5TH AVE #208 CAPE CORAL, FL 33904
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce D. Harvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-03 239-340-2108

Date

Daytime Phone #

CR2E034B (12/02)