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

Mailing Address

161 SE 4 TERR

## DOCUMENT # P02000052952

1. Entity Name

161 SE 4 TERR

Principal Place of Business

ADAMS AIR CONDITIONING OF LEE COUNTY, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90394 045 \*\*\*150.00

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CAPE CORAL FL 33990 CAPE CORAL FL 33990				1	40.	110800				
2. Principal Place of Busi 4120 S.W. み		3. Mailing Address 4720 S.W. 25 Pl.			1 (##4)##   ## #### 10 	III OOM DEHE OOM DOO	) <b>W</b> IA(W 13 <b>010</b> 1040)	0		
Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State	FL.	FL.		4. FEI Number 27 00	12886	<b>⊢</b>	plied For ot Applicable			
33914	4 Country 33914			ntry 5. Certificate of Status Desired 7 \$8.			\$8.75 Add Fee Require	.75 Additional Required		
6. Nam	e and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent						
	an exist.		Name	Name						
WHITACRE, THURM	AN L II									
161 SE 4 TERR			Street A	Street Address (P.O. Box Number is Not Acceptable)						
CAPE CORAL FL 33	990				B. 18.600					
	· .	City								
		the purpose of changing its r	egistered office o	r registered	d agent, or both, in the St	ate of Florida. I am	ı familiar with,	and accept		
the obligations of regis	stered agent.	A-1			:					
SIGNATURE	rue Ia CS	it IL								
Signature, type	d or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signal	ture required w	hen reinstating)	DATE				
FILE NOW!	!! FEE IS \$150.00									
	03 Fee will be \$550.00				9. Election Cam			May Be		
	o Florida Department of	State			Trust Fund Co	ontribution.	∐ Added	to Fees		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTOR	S IN 11		
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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 amaddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #