

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000116587



1. Entity Name
SEMINOLE AIR CONDITIONING, INC.

FILED

03 JAN 24 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7298 ROSETREE PLACE W.
SEMINOLE FL 33772

Mailing Address
7298 ROSETREE PLACE W.
SEMINOLE FL 33772

2. Principal Place of Business
8615 Seminole Blvd
Suite, Apt. #, etc.

3. Mailing Address
8615 Seminole Blvd
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Seminole FL
Zip 33772 Country U.S.

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Seminole FL
Zip 33772 Country U.S.

4. FEI Number 06-1655249 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 PSD
NAME MCCLOW, JAMES A
STREET ADDRESS 7298 ROSETREE PLACE W.
CITY-ST-ZIP SEMINOLE FL 33772 ☐ Delete

TITLE VTD
NAME MCCLOW, ANNMARIE
STREET ADDRESS 7298 ROSETREE PLACE W.
CITY-ST-ZIP SEMINOLE FL 33772 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
30001 1888683
02/05/03--01084--001 **150.00

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

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/02 727 399.5811

CR2E034 (10/02)