

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000117371

1. Entity Name
ANDY'S AIR CONDITIONING & HEATING SERVICES, INC.



FILED

04 APR 22 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6979 ABERFELDY AVE
ST PETERSBURG FL 33709

Mailing Address
6979 ABERFELDY AVE
ST PETERSBURG FL 33709



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1443872

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

COOLEY, ANDREW H
6979 ABERFELDY AVE
ST PETERSBURG FL 33709

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

4/14/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D COOLEY, ANDREW H
STREET ADDRESS
6979 ABERFELDY AVE
CITY-ST-ZIP
ST PETERSBURG FL 33709

TITLE
NAME
Alvin Beck
STREET ADDRESS
12395 Barrow St.
CITY-ST-ZIP
Spring Hill FL 34609

TITLE
NAME
Alvin Beck
STREET ADDRESS
12395 Barrow St.
CITY-ST-ZIP
Spring Hill, FL 34609

TITLE
NAME
800034160438
STREET ADDRESS
04/27/04--01079--007 **908.75
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Cooley

Date

Daytime Phone #

4/14/04 (727) 455-6296

0480276 AV

CR2E034 (10/02)