

FILED
Jun 09, 2003 8:00 am
Secretary of State

03-24-2003 90134 031 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P02000119062

1. Entity Name

CURTIS AIR CONDITIONING AND HEATING CO.



44003041

Principal Place of Business
4604 MANGROVE POINT ROAD
BRADENTON FL 34210

Mailing Address
4604 MANGROVE POINT ROAD
BRADENTON FL 34210

2. Principal Place of Business

814 PLUM TREE LN.

Suite, Apt. #, etc.

3. Mailing Address

814 PLUM TREE LN.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

4. FEI Number

82-0572786

Applied For

Not Applicable

Zip

34243

Country

USA

Zip

34243

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

2172 HILLVIEW STREET
SARASOTA FL 34239

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 fee if applicable.

(NOTE: Registered Agent signature required when re-issuing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CURTIS, JAMES R
814 PALM TREE LANE
SARASOTA FL 34243

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Curtis, Sr.

6-4-03

Daytime Phone #

941-351-7402