

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90236 031 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P03000004063**

1. Entity Name

A Brother's Air Conditioning Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6088 NW 66 way

3. Mailing Address

Suite, Apt. #, etc.

City & State
Parkland FL

City & State

4. FEI Number

41-2085725

Applied For

Not Applicable

Zip
33067

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Theodore Dudley

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

2000 S. Ocean Blvd Suite 3J

City
Boca Raton

FL

Zip Code
33432

**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.

SIGNATURE

TED DUDLEY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when resigning)

4-21-04

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Michael Dudley
6088 NW 66 way
Parkland, FL 33067**

TITLE
NAME
STREET ADDRESS
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-21-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04
Daytime Phone #

P03000004063

CR2E034B (12/01)