

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

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90023 002 ***150.00

DOCUMENT # P06000044556

1. Entity Name

**ACCU-TEMP HEATING AND AIR
CONDITIONING, INC.**



DO NOT WRITE IN THIS SPACE

20007049

2. Principal Place of Business

5 CROSSWAY COURT WEST

Suite, Apt. #, etc.

3. Mailing Address

5 CROSSWAY COURT WEST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM COAST, FL

City & State
PALM COAST, FL

4. FEI Number

20-4583273

Applied For
Not Applicable

Zip
32137

Country
USA

Zip
32137

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **CHARLES M. WEYANT**

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

5 CROSSWAY COURT WEST

City **PALM COAST**

FL

Zip Code
32137

**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. 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

3/13/17

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**P, CHARLES M. WEYANT
5 CROSSWAY COURT WEST
PALM COAST, FL 32137**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other filers empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/13/17

386 931 9021

CR2E034B (12/02)