

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90225 050 ***150.00

DOCUMENT # P92000009345

1. Entity Name
HOWARD'S AIRCONDITIONING AND REFRIGERATION, INC.



Principal Place of Business
2452 NW HOWARD AVE.
ARCADIA FL 34266

Mailing Address
2452 NW HOWARD AVE.
ARCADIA FL 34266



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3158260**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HOWARD, JULIAN D
2452 NW HOWARD AVE.
ARCADIA FL 34266

Name **JULIAN D. HOWARD**

Street Address (P.O. Box Number is Not Acceptable)
2452 NW HOWARD AVE

City **ARCADIA**

FL

Zip Code **34266**

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 *Julian D Howard*
Signature, typed or printed name of registered agent and title if applicable.

2-18-03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☒ Delete
NAME **HOWARD, JULIAN D**
STREET ADDRESS **2452 NW HOWARD AVE.**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **PRES.** ☒ Change ☐ Addition
NAME **HOWARD, KEVIN LEE**
STREET ADDRESS **2452 NW HOWARD AVE**
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **P** ☒ Delete
NAME **HOWARD, CAROLYN T**
STREET ADDRESS **2452 NW HOWARD AVE.**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **VICE PRES.** ☒ Change ☐ Addition
NAME **SALVEY TIM M.**
STREET ADDRESS **2335 S.W. WESTWARD DR.**
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **VP** ☒ Delete
NAME **HOWARD, KEVIN L**
STREET ADDRESS **2452 NW HOWARD AVE**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **TREAS.** ☒ Change ☐ Addition
NAME **HOWARD, KEVIN CHAD**
STREET ADDRESS **2452 N.W. HOWARD AVE.**
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **2VP** ☒ Delete
NAME **HOWARD, TREVOR E**
STREET ADDRESS **11395 SW ORANGE AVENUE**
CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Julian D Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03
Date

(863) 494-3091
Daytime Phone #

CR2E034 (10/02)