

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90422 027 ***150.00

DOCUMENT # P92000014764

1. Entity Name
ESTES HEATING AND AIR-CONDITIONING, INC.

Principal Place of Business: **2311 Marsh Pt. Rd, Neptune Beach Fl. 32266**
 Mailing Address: **P.O. Box 330294, Atlantic Beach Fl. 32233**

2. Principal Place of Business: **2311 Marsh Pt. Rd.**
 Suite, Apt. #, etc.
 3. Mailing Address: **P.O. Box 330294**
 Suite, Apt. #, etc.

City & State: _____ 4. FEI Number: **59-3159990** Applied For: Not Applicable:

Zip: _____ Country: _____ 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **JAPOUR, DANIEL A, 333-1 EAST MONROE ST., JACKSONVILLE FL 32202**
 7. Name and Address of New Registered Agent: 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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ESTES, DAVID WAYNE		NAME: _____	
STREET ADDRESS: 5637 Cindaloma St.		STREET ADDRESS: _____	
CITY-ST-ZIP: JACKSONVILLE FL 32211		CITY-ST-ZIP: _____	
TITLE: D	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ESTES, JAMES RICHARD		NAME: _____	
STREET ADDRESS: 2837 SYNHOFF DRIVE		STREET ADDRESS: _____	
CITY-ST-ZIP: JACKSONVILLE FL 32216		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DANIEL A. JAPOUR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____