

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90454 027 ***150.00

DOCUMENT # **P92000014764**

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

Principal Place of Business

**2311 MARSH POINT ROAD
 NEPTUNE BEACH FL 32266
 US**

Mailing Address

**P.O. BOX 330294
 ATLANTIC BEACH FL 32233
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3159990**

Applied for
 Not Applicable

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

**JAPOUR, DANIEL A
 333-1 EAST MONROE ST.
 JACKSONVILLE FL 32202**

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent's signature required when re-instating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 N 11

TITLE Delete
 NAME **D ESTES, DAVID WAYNE**
 STREET ADDRESS **5637 CINDALOMA STREET**
 CITY-STATE-ZIP **JACKSONVILLE FL 32211**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME **D ESTES, JAMES RICHARD**
 STREET ADDRESS **2837 SYNHOFF DRIVE**
 CITY-STATE-ZIP **JACKSONVILLE FL 32216**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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: *David Wayne Estes* **DAVID WAYNE ESTES** 02/01/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)