

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90095 003 ***150.00

DOCUMENT # P93000019457

1. Entity Name

U.S. HEATING AND AIR CONDITIONING, INC.



Principal Place of Business

**658 DOUGLAS AVENUE
SUITE 1102
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**658 DOUGLAS AVENUE
SUITE 1102
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

624 Douglas Avenue

Suite, Apt. #, etc.

1402

City & State

Altamonte Springs FL

Zip

Country

32714

U.S.A.

3. Mailing Address

624 Douglas Avenue

Suite, Apt. #, etc.

1402

City & State

Altamonte Springs FL

Zip

Country

32714

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3168540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DOSS, THOMAS E III

500 E. ALTAMONTE DRIVE

SUITE 210

ALTAMONTE SPRINGS FL 32701

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KONFORTE, ARIE 578 CASCADE CIR., #104 CASSELBERRY FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KONFORTE ARIE 624 DOUGLAS AVE A 1402 ALTAMONTE SPRINGS FL 32714	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARIE KONFORTE PRESIDENT

Date

Daytime Phone #

4/21/03 402-496-1854

CR2E034 (10/02)