

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P93000045378

1. Entity Name

J.B. AUTOMOTIVE AIR CONDITIONING SERVICE, INC.

Principal Place of Business

13563 SW 137 Ave.
MIAMI, FL 33186
US

Mailing Address

19346 SW 262nd ST.
HOMESTEAD, FL 33031
US

APPROVED
AND
FILED

01 JUN 21 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0417465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CREASMAN, JACK L.
19346 SW 262 ST.
HOMESTEAD, FL 33031

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

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

(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.
(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CREASMAN, JACK L.	
STREET ADDRESS	19346 SW 262 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE	USTB	<input type="checkbox"/> Delete
NAME	CREASMAN, BEATRICE S.	
STREET ADDRESS	19346 S.W. 262 ST.	
CITY-ST-ZIP	HOMESTEAD, FL 33031	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN G. ROTHWELL	
STREET ADDRESS	15221 S.W. 172 ST.	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUDRA C. ROTHWELL	
STREET ADDRESS	15221 S.W. 172 ST.	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSCAR D. CHAUZ	
STREET ADDRESS	15044 SW 172 ST.	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Beatrice S. Creasman BEATRICE S. CREASMAN

649-01

305-251-3384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)