

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90401 008 ***150.00

0015385

DOCUMENT # P93000045853

1. Entity Name
PARKS AIR CONDITIONING & HEATING, INC.

Principal Place of Business Mailing Address
5860 ARLINGTON ROAD 5860 ARLINGTON ROAD
JACKSONVILLE FL 32211 JACKSONVILLE FL 32211
US US

2. Principal Place of Business 3. Mailing Address
1930 University Blvd N 1930 University Blvd N
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jacksonville, FL Jacksonville, FL
 Zip Country Zip Country
32211-4526 USA 32211-4526 USA

4. FEI Number **59-3198331** 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
MEIDE, MOSES JR
817 N. MAIN STREET
JACKSONVILLE FL 32202
 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, 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 IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, WILLIAM J III		NAME	Parks, William J III	
STREET ADDRESS	5860 ARLINGTON ROAD		STREET ADDRESS	1930 University Blvd N	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, ROCHELLE L.		NAME	Parks, Rochelle L.	
STREET ADDRESS	5860 ARLINGTON ROAD		STREET ADDRESS	1930 University Blvd N	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	Jacksonville, FL 32211	
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		
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: William J Parks III 4/23/01 743-9004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)