

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000069608

1. Entity Name

EMBRY AIR CONDITIONING, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90067 030 ***150.00

Principal Place of Business

Mailing Address

300B E. ALFRED ST.
 LAKE ALFRED FL 33850
 US

P O BOX 905
 LAKE ALFRED FL 33850-0905
 US

2. Principal Place of Business

1962 5th St NW
 Suite, Apt. #, etc.

3. Mailing Address

same
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Haven, FL

City & State

4. FEI Number

59-3202730

Applied For

Not Applicable

Zip

33881

Country

AMERICA

Zip

Country

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

EMBRY, DARREN C
 310 SOUTH NEKOMA AVENUE
 LAKE ALFRED FL 33850

on

Name

same as above #1962

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, 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 ☐ Delete
 NAME D
 STREET ADDRESS EMBRY, DARREN C
 CITY-ST-ZIP 310 SOUTH NEKOMA AVENUE
 LAKE ALFRED FL 33850

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 owner, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)