

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90062 030 ***150.00

04/76136 AV

DOCUMENT # P93000069608

1. Entity Name
EMBRY AIR CONDITIONING, INC.

Principal Place of Business

**1962 5TH STREET NW
 WINTER HAVEN FL 33880
 US**

Mailing Address

**1962 5TH STREET NW
 WINTER HAVEN FL 33880
 US**

2. Principal Place of Business

3. Mailing Address

1962 5TH ST NW

1962 5TH ST NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER HAVEN FLORIDA

City & State

WINTER HAVEN FLORIDA

4. FEI Number **59-3202730**

Applied For

Not Applicable

Zip

Country

Zip

Country

33880

FL

33880

FL

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
 1962 5TH STREET NW
 WINTER HAVEN FL 33881**

Name

DARREN EMBRY

Street Address (P.O. Box Number is Not Acceptable)

1962 5TH ST NW

City

WINTER HAVEN

FL

Zip

33880

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-02

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, 2002 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 **D** ☐ Delete
 NAME **EMBRY, DARREN C**
 STREET ADDRESS **310 SOUTH NEKOMA AVENUE**
 CITY-ST-ZIP **LAKE ALFRED FL 33850**

TITLE ☐ Change ☐ Addition
 NAME **EMBRY, DARREN C**
 STREET ADDRESS **1962 5TH ST NW**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02

Date

529-7473

Daytime Phone #

CR2E034 (9/01)