П

## 2002 UNIFORM BUSINESS REPORT (UBR)

P93000069608 DOCUMENT #

1. Entity Name

EMBRY AIR CONDITIONING, INC.

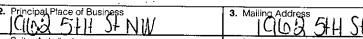
AVEN

Principal Place of Business

1962 5TH STREET NW WINTER HAVEN FL 33880 Mailing Address

City & State

1962 5TH STREET NW WINTER HAVEN FL 33880



SH SH NW

HAVEN

DO NOT WRITE IN THIS SPACE

59-3202730

7. Name and Address of New Registered Agent

Applied For Not Applicable

6. Name and Address of Current Registered Agent

PCHYOLF

Count

Acino1F

(NOTE: Registered Agent signature required when reinstating

5. Certificate of Status Desired

\$8.75 Additional Fee Required

EMBRY, DARREN C 1962 5TH STREET NW **WINTER HAVEN FL 33881** 

(See criteria on back)

Name

City

1-8-02 DATE

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

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS TITLE EMBRY, DARREN C NAME 310 SOUTH NEKOMA AVENUE STREET ADDRESS LAKE ALFRED FL 33850 CITY-ST-ZIP TITLE NAME

Tax filing requirement and elects to do so.

12. ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

EMBRY DARREN C 1962 Sth St NW Winky Haven 11.

Change

Change

☐ Change

Change

☐ Addition

☐ Addition

☐ Addition

☐ Addition

STREET ADDRESS CITY-ST-7IP

Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

TITLE STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS

☐ Change

☐ Addition

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

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

SIGNATURE:

☐ Addition