

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90090 010 ***150.00

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DOCUMENT # P94000023684

1. Entity Name
GULF BREEZE AIR CONDITIONING & HEATING, INC.

Principal Place of Business
6720 E BAY BLVD
NAVARRE FL 32566

Mailing Address
6720 E BAY BLVD
NAVARRE FL 32566



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3233046**

Applied For
 Not Applicable

Zip Country

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

BARTH, TERRY D SR
6720 E BAY BLVD
NAVARRE FL 32566

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	BARTH, TERRY D SR	
STREET ADDRESS	6720 E BAY BLVD	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERRY, TEDDY A	
STREET ADDRESS	4909 MASON CALLE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARTH, SANDRA M	
STREET ADDRESS	6720 EAST BAY BLVD	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Delete
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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: TERRY D. BARTH 4-15-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)