

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004427

1. Entity Name

AIRDEX AIR CONDITIONING CORPORATION

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90053 015 ***150.00

Principal Place of Business

9292 49TH STREET N.
PINELLAS PARK FL 33782
US

Mailing Address

9292 49TH ST N
PINELLAS PARK FL 33782
US

2. Principal Place of Business
9292 49th St. N.

3. Mailing Address
400 S. Seaboard Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pinellas Park, FL.

City & State
Venice, FL

4. FEI Number 59-3291297

Applied For

Not Applicable

Zip
33782

Country
U.S.A.

Zip
34292

Country
U.S.A.

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

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
James J. Glennon

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

5520 Division Drive

City Fort Myers

FL

Zip Code
33905

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 *x James J. Glennon Pres.* JAMES J. GLENNON 1/16/01

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P PALMER, MICHAEL W 9292 49TH ST N PINELLAS PARK FL 33782	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLENNON, JAMES J 5520 DIVISION DR FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JEAN M 2701 GRANT AVE PHILADELPHIA PA 19114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDRY, REBECCA 5520 DIVISION DR. FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS HENDRY, REBECCA 5520 DIVISION DRIVE FT MYERS FL 33905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALMER, MICHAEL W 9292 49TH STREET, NORTH PINELLAS PARK FL 33782	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jim Glennon 5520 Division Dr. Fort Myers, FL 33905	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President N. Brent Freeman 400 S. Seaboard Ave. Venice, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *x James J. Glennon Pres.* JAMES J. GLENNON 1/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)