

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90033 037 ***150.00

DOCUMENT # P95000004427

1. Entity Name
AIRDEX AIR CONDITIONING CORPORATION

Principal Place of Business

**9292 49TH STREET N.
 PINELLAS PARK FL 33782
 US**

Mailing Address

**400 SOUTH SEABOARD AVENUE
 VENICE FL 34292
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9225 Ulmerton Rd
 Suite J**

3. Mailing Address

Suite, Apt. #, etc.

City & State
Largo, FL

City & State

4. FEI Number
59-3291297

Applied For
 Not Applicable

Zip
33771

Country
Arnellas

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

**GLENNON, JAMES J
 5520 DIVISION DRIVE
 FORT MYERS FL 33905**

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 James J. Glennon James J. Glennon
 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, 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	T	<input type="checkbox"/> Delete
NAME	GLENNON, JAMES J	
STREET ADDRESS	5520 DIVISION DR	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	S	<input type="checkbox"/> Delete
NAME	HENDRY, REBECCA	
STREET ADDRESS	5520 DIVISION DR.	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	P	<input type="checkbox"/> Delete
NAME	GLENNON, JIM	
STREET ADDRESS	5520 DIVISION DRIVE	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREEMAN, N. BRENT	
STREET ADDRESS	400 SOUTH SEABOARD AVENUE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James J. Glennon James J. Glennon 941-488-9633
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)