

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90037 001 \*\*\*500.00  
 09-13-2000 90037 002 \*\*\*\*50.00

20673



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000047557**

1. Entity Name

**AIR CONDITIONING BY FLORIDA COMFORT SYSTEMS, INC**



Principal Place of Business

4573 ENTERPRISE AVE  
 UNIT 1-A  
 NAPLES FL 34104  
 US

Mailing Address

4573 ENTERPRISE AVE  
 UNIT 1-A  
 NAPLES FL 34104  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0586742

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

**COLEMAN, MICHAEL J**  
**3174 E. TAMiami TRAIL**  
**NAPLES FL 33962-5793**

Name

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

**365 5th Ave So, #202**

City

**Naples**

FL

Zip Code

**34102**

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PTD MARTIN, DENIS 3071 SANDPIPER BAY CIR L-106 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00

Date

Daytime Phone #

CR2E034 (5/00)

Doc# P95000047557

20673

**ASBELL, COLEMAN, HO & HAZZARD, P.A.**

ATTORNEYS AT LAW

JOHN R. ASBELL  
BOARD CERTIFIED MARITAL & FAMILY LAWYER  
J. MICHAEL COLEMAN  
BOARD CERTIFIED CIVIL TRIAL LAWYER  
BOARD CERTIFIED BUSINESS LITIGATION LAWYER  
VICTORIA M. HO \*  
BOARD CERTIFIED MARITAL & FAMILY LAWYER  
WILLIAM J. HAZZARD  
MARGARET L. MCMORROW  
BETH WOODS

365 5TH AVENUE SOUTH  
SUITE 202  
NAPLES, FLORIDA 34102

TELEPHONE  
(941) 775-2888  
FACSIMILE  
(941) 775-2821  
E-MAIL  
ach-law.com

\* ALSO ADMITTED IN WISCONSIN

September 11, 2000  
SENT VIA: FEDERAL EXPRESS

Secretary of State  
Corporate Records Bureau  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: **AIR CONDITIONING BY FLORIDA COMFORT SYSTEMS, INC.**

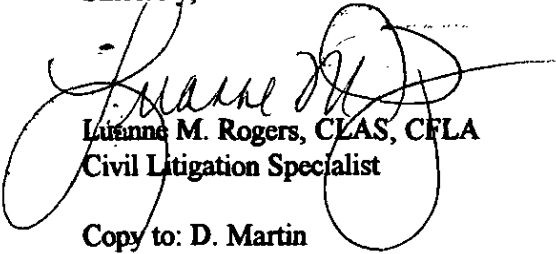
Dear Sirs:

Enclosed please find an Annual Report for the above corporation. Also enclosed are two checks totaling \$550.00 representing the annual filing fee.

If you find these enclosures to be in order, please file the same in your records.

If you have any questions regarding the enclosed, or I may be of any assistance to you, please do not hesitate to contact me.

Sincerely,



Lorraine M. Rogers, CLAS, CFLA  
Civil Litigation Specialist

Copy to: D. Martin

/lmr

Enclosures

F:\USER\WP DOCUMENTS\CIVIL LIT\Air Cond by PCS\secretary.state.letter.wpd