

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90033 021 \*\*\*150.00

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AV

**DOCUMENT # P95000050806**

1. Entity Name

**R.K. AIR CONDITIONING & HOME APPLIANCE SERVICE, INC.**

Principal Place of Business

**11328 W. TEACH RD.  
PALM BEACH GARDENS FL 33410**

Mailing Address

**11328 W. TEACH RD.  
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

**3878 PROSPECT AVE  
Suite, Apt. #, etc.  
SUITE 20**

3. Mailing Address

**P.O. Box 32323  
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**RIVIERA BEACH FLA.**

City & State

**PALM BEACH GARDENS FL**

4. FEI Number

**65-0658501**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KUNTZ, RANDALL J.  
11328 W. TEACH RD.  
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

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

*Randall J. Kuntz* **RANDALL J. KUNTZ** *President*

**3-21-02**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KUNTZ, RANDALL J</b>	
STREET ADDRESS	<b>11328 W. TEACH RD.</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>COLEMAN, DAVID</b>	
STREET ADDRESS	<b>3794 SERUBI AVE.</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KUNTZ, KAREN</b>	
STREET ADDRESS	<b>11328 W. TEACH RD.</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Randall J. Kuntz* **RANDALL J. KUNTZ** *Pres.*

**3/21/02**

**561-627-3024**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)