

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90696 027 \*\*\*150.00

04626898 AV

DOCUMENT # **P95000066900**

1. Entity Name  
**NOLAN'S AIR CONDITIONING, INC.**

Principal Place of Business  
**8740 SEMINOLE BLVD #135**  
**SEMINOLE FL 33772**

Mailing Address  
**8740 SEMINOLE BLVD #135**  
**SEMINOLE FL 33772**



2. Principal Place of Business  
**35246 U.S. 19 No.**

3. Mailing Address  
**35246 U.S. 19 No.**

Suite, Apt. #, etc.  
**# 222**

Suite, Apt. #, etc.  
**# 222**

DO NOT WRITE IN THIS SPACE

City & State  
**Palm Harbor**

City & State  
**Palm Harbor**

4. FEI Number **59-3336162**

Applied For  
 Not Applicable

Zip  
**34684**

Country  
**USA**

Zip  
**34684**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**REIF, LEWIS N**  
**8740 SEMINOLE BLVD #155**  
**SEMINOLE FL 33772**

7. Name and Address of New Registered Agent  
 Name  
**Lewis N. Reif**  
 Street Address (P.O. Box Number is Not Acceptable)  
**35246 U.S. Hwy 19 No. #222**  
 City **Palm Harbor** FL Zip Code **34684**

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 **Lewis N. Reif** **Lewis N. Reif** **4-3-02**  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSD</b><br><b>REIF, LEWIS N</b><br><b>8740 SEMINOLE BLVD #155</b><br><b>SEMINOLE FL</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPTD</b><br><b>REIF, MARLENE</b><br><b>8740 SEMINOLE BLVD #155</b><br><b>SEMINOLE FL</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                             |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                              |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>35246 U.S. 19 No. #222</b><br><b>Palm Harbor FL 34684</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>35246 U.S. 19 No #222</b><br><b>Palm Harbor FL 34684</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: **Marlene Reif** **MARLENE REIF VPTD** **4-3-02** **727-734-5700**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CP2E034 (9/01)