

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90304 047 \*\*\*150.00

DOCUMENT # P95000084322

1. Entity Name

**SEY CULHAN REFRIGERATION & AIR CONDITIONING SERV**

Principal Place of Business

Mailing Address

400 NE 45TH ST  
 BOCA RATON FL 33431  
 US

400 NE 45TH ST  
 BOCA RATON FL 33431-5018  
 US

2. Principal Place of Business

4251 NW 1<sup>st</sup> Ave  
 Suite, Apt. #, etc.

3. Mailing Address

4251 NW 1<sup>st</sup> Ave  
 Suite, Apt. #, etc.

City & State  
 Boca Raton FL

Zip  
 33431

Country  
 US

City & State  
 Boca Raton FL

Zip  
 33431

Country  
 US

4. FEI Number **65-0630905**

Applied For  
 Not Applicable

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

**CULHAN, WILLIAM JOHN**  
 400 NE 45 ST  
 BOCA RATON FL 33431

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 *William John Culhan Pres*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-11-00**

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, 2000 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 <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CULHAN, SEYMORE</b>		NAME	
STREET ADDRESS <b>6771 NW 20TH ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MARGATE FL 33063</b>		CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CULHAN, WILLIAM JOHN</b>		NAME	
STREET ADDRESS <b>400 NE 45TH ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBERTS, ROBERT</b>		NAME	
STREET ADDRESS <b>8581 NW 11TH CT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33024</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *William John Culhan Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-11-00**

Date

DAYTIME PHONE # **561-395-5723**

Daytime Phone #

CR2E034 (9/99)

00006054



DO NOT WRITE IN THIS SPACE