

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90083 034 ***150.00

DOCUMENT # P96000004548

1. Entity Name
PERFORMANCE AIR CONDITIONING & REFRIGERATION, IN C.

Principal Place of Business

**PO BOX 245756
 PEMBROKE PINES FL 33024**

Mailing Address

**PO BOX 245756
 PEMBROKE PINES FL 33024**

2. Principal Place of Business

1326 SW Sultan Drive

Suite, Apt. #, etc.

3. Mailing Address

1326 SW Sultan Drive

Suite, Apt. #, etc.

City & State

Port Saint Lucie, Florida

City & State

Port Saint Lucie, Florida

Zip

34953

Country

Saint Lucie

Zip

34953

Country

Saint Lucie

4. FEI Number

65-0634224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GEE, LEWIS T
 340 N. 69TH TERRACE
 HOLLYWOOD FL 33024**

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

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 **DP** ☐ Delete
 NAME **GEE, ALBERT A**
 STREET ADDRESS **1326 SW SULTAN DR**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-02

CR2E034 (9/01)