## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all of

## DOCUMENT # P96000008087 Mar 30, 2000 8:00 am **Secretary of State** MIDDLETON'S HEATING & COOLING, INC. 03-30-2000 90023 012 \*\*\*150.00 Principal Place of Business Mailing Address 17600 DURRANCE ROAD 17600 DURRANCE ROAD N FORT MYERS FL 33917-2211 N FORT MYERS FL 33917 001400 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0653982 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIDDLETON, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 17600 DURRANCE ROAD N FORT MYERS FL 33917 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE PTD ☐ Delete TITLE NAME MIDDLETON, WILLIAM A NAME STREET ADDRESS STREET ADDRESS 17600 DURRANCE ROAD CITY-ST-ZIP CITY-ST-ZIP N FORT MYERS FL 33917 ☐ Addition Change VSD ☐ Delete TITLE TITLE NAME MIDDLETON, CHERYL A NAMÉ STREET ADDRESS 17600 DURRANCE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N FORT MYERS FL 33917 Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME MAAAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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