

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015536

1. Entity Name

TROPICAL AIR CONDITIONING, INC.

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90045 024 \*\*\*150.00

Principal Place of Business

2240 NW 40TH TERRACE  
COCONUT CREEK FL 33066

Mailing Address

2240 NW 40TH TERRACE  
COCONUT CREEK FL 33066-2031

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0644375

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZAGARSKI, MICHAEL  
2240 NW 40TH TERRACE  
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name

KAREN ZAGARSKI

Street Address (P.O. Box Number is Not Acceptable)

2240 NW 40TH TERRACE

City

Coconut Creek

FL

Zip Code

33066

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

3/14/00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D. ZAGARSKI, MICHAEL  
2240 NW 40TH TERRACE  
COCONUT CREEK FL 33066

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

KAREN ZAGARSKI  
2240 NW 40TH TERRACE  
COCONUT CREEK FL 33066

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Karen Zagarski Pres

3/14/00

954 733-6225