

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000018915**

1. Entity Name

HAVACO, INC.**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90116 036 ***150.00

Principal Place of Business

**5405 FORT PIERCE BOULEVARD
FT. PIERCE FL 34950**

Mailing Address

**POST OFFICE BOX 3218
FT. PIERCE FL 34948-3218**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0659762**

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

7. Name and Address of New Registered Agent

**SUPANK, HAROLD
5405 FORT PIERCE BOULEVARD
FT. PIERCE FL 34950**Name **Virginia Supank**Street Address (P.O. Box Number is Not Acceptable)
5405 Fort Pierce BoulevardCity **Ft. Pierce****FL****34950**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	PSTD	SUPANK, HAROLD	P. O. BOX 3218 N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		FT. PIERCE FL 34948					
<input type="checkbox"/> Delete	D PTS	SUPANK, VIRGINIA	P. O. BOX 3218 N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		FT. PIERCE FL 34948					
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete				<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: **X Virginia Supank**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-2000 561-461-9407