

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023331

1. Entity Name

HEAVENLY AIR CONDITIONING & HEATING, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90138 005 ***150.00

Principal Place of Business

Mailing Address

138 EAST BOYER STREET
 TARPON SPRINGS FL 34689
 US

P O BOX 23
 TARPON SPRINGS FL 34688-0023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3364357

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHORT, PAUL R
 7522 N 40TH ST
 TAMPA FL 33604

Name **DILLARD, EDWARD M**

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

138 E. BOYER ST

City **Tarpon Springs**

FL

Zip Code **34689**

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

Edward M. Dillard Pres **Edward M. Dillard**

1-12-00

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 **DP** Delete
 NAME **DILLARD, EDWARD M**
 STREET ADDRESS **1000 GULF RD**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVS** Delete
 NAME **DILLARD, SANDRA E**
 STREET ADDRESS **1000 GULF RD**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

Edward M. Dillard **Edward M. Dillard**

Date

1-12-00

Daytime Phone #

727-9375695

CR2E034 (9/99)