

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90016 043 ***150.00

DOCUMENT # P96000028155

1. Entity Name
SANIBEL AIR CONDITIONING, INC.

Principal Place of Business

**2460 PALM RIDGE ROAD
 SUITE #5
 SANIBEL FL 33957**

Mailing Address

**2460 PALM RIDGE ROAD
 SUITE #5
 SANIBEL FL 33957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0659174

Applied For

Not Applicable

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

**HAYES, BRYAN
 15036 BONAIRE CIRCLE
 FORT MYERS FL 33908**

Name

Hayes, Bryan

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

458 Casa Ybel Road

City

Sanibel

FL

Zip Code

33957

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **HAYES, BRYAN**
 CITY-ST-ZIP **15036 BONAIRE CIRCLE**
FORT MYERS FL 33908

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **458 Casa Ybel Road**
 CITY-ST-ZIP **Sanibel FL 33957**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **HAYES, DANIEL B**
 CITY-ST-ZIP **15970 BAYSIDE POINTE W., APT. 308**
FORT MYERS FL 33908

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9842 Los Altos Court**
 CITY-ST-ZIP **Fort Myers FL 33908**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **HAYES, TODD B**
 CITY-ST-ZIP **15557 IONA LAKES DRIVE**
FORT MYERS FL 33908

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **15400 Sonoma Dr. Apt #308**
 CITY-ST-ZIP **Ft. Myers, FL 33908**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

941-472-3033

Daytime Phone #

CR2E034 (9/01)