## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 06, 2002 8:00 amg Secretary of State DOCUMENT # P96000043356 1. Entity Name 05-06-2002 90276 008 \*\*\*150 00 WALMER AIR CONDITIONING AND HEATING COMPANY, INC Principal Place of Business Mailing Address 4110A CREIGHTON ROAD 4110A CREIGHTON ROAD PENSACOLA FL 32504 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3390530 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALMER, FRANK C Street Address (P.O. Box Number is Not Acceptable) 1180 PEPERIDGE DR PENSACOLA FL 32504 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ■ Addition CR2E034 (9/01 NAME WALMER, FRANK C NAME STREET ADDRESS 1180 PEPERIDGE DR STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEE, RONALD R NAME NAME STREET ADDRESS 4701 KITTYHAWK CIRCLE STREET ADORESS CITY-ST-7IP **GULF BREEZE FL 32561** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

SIGNATURE: Date Daytime Phone #

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.