

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90041 024 ***150.00

03985504 AV

DOCUMENT # P96000056572

1. Entity Name
HOBE SOUND AIR CONDITIONING, INC.

Principal Place of Business **Mailing Address**
12391 SE INDIAN RIVER DRIVE SOUTH **12391 SE INDIAN RIVER DRIVE SOUTH**
HOBE SOUND FL 33455 **HOBE SOUND FL 33455**

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 **65-0696684** ☐ **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

BABIONE, MICHAEL J
12391 SE INDIAN RIVER DRIVE SOUTH
HOBE SOUND FL 33455

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **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: _____ (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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **BABIONE, MICHAEL J**
STREET ADDRESS **12391 SE INDIAN RIVER DRIVE SOUTH**
CITY-ST-ZIP **HOBE SOUND FL 33455**

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

TITLE **D** ☐ **Delete**
NAME **BABIONE, JEANNIE**
STREET ADDRESS **12391 SE INDIAN RIVER DRIVE SOUTH**
CITY-ST-ZIP **HOBE SOUND FL 33455**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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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: *JEANNIE M. BABIONE* **JEANNIE M. BABIONE**
 _____ **4/29/02** **772-546-1278**
 _____ **Date** **Daytime Phone #**

CR2E034 (9/01)