

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065807

1. Entity Name

DAVID HALL'S AIR CONDITIONING & HEATING SERVICES

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90031 005 ***150.00

Principal Place of Business

Mailing Address

228 S HERNANDO ST
LAKE CITY FL 32025
US

POB 244
LAKE CITY FL 32056-0244
US

2. Principal Place of Business

915 Margaret St.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 244
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake City, FL

City & State

Lake City, FL

4. FEI Number

59-3393689

Applied For
Not Applicable

Zip

Country

32025 USA

Zip

Country

32056 USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, DAVID
RT 7, BOX 175
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

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

915 MARGARET ST
City LAKE CITY FL Zip Code 32025

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

4-20-00

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

TITLE P
NAME HALL, DAVID
STREET ADDRESS POB 244
CITY-ST-ZIP LAKE CITY FL 32056 ☐ Delete

TITLE V
NAME EDGAR, TINA
STREET ADDRESS POB 244
CITY-ST-ZIP LAKE CITY FL 32056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

914-755-9792

Daytime Phone #

CR2E034 (9/99)