

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065807

1. Entity Name
DAVID HALL'S AIR CONDITIONING & HEATING SERVICES, INC.

Principal Place of Business

915 MARGARET ST
LAKE CITY FL 32025
US

Mailing Address

POB 244
LAKE CITY FL 32056
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake City FL
32025

Country

USA

City & State

Lake City FL
32056

Country

USA

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90171 042 ***558.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3393689

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, DAVID
915 MARGARET ST
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
HALL, DAVID
POB 244
LAKE CITY FL 32056

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
EDGAR, TINA
POB 244
LAKE CITY FL 32056

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

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☐ 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 REQUIRED

DAVID HALL

Date

Daytime Phone #

8-8-02 386-755-9792

011886 AT

CR2E034 (4/02)