

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071278

1. Entity Name

APOLLO AIR CONDITIONING AND REFRIGERATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90185 042 ***150.00

Principal Place of Business

Mailing Address

345 MYRTICE AVE
SUITE A
MERRITT ISLAND FL 32953
US

PO BOX 541233
MERRITT ISLAND FL 32954-1233
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3402511**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SOBOLOWSKI, MARK
1140 OUTRIGGER DR
MERRITT ISLAND FL 32953

Name

SOBOLOWSKI, MARK

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

455 1/2 TRAILS END DR.

MERRITT ISLAND

City

FL

Zip Code

32953

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SOBOLOWSKI, MARK
4485 DELESPINE RD.
COCOA FL 32927

☐ Delete

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

TITLE
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2000 **(321) 452-8060**
Date Daytime Phone #

CR2E034 (9/99)