

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90145 012 ***150.00

DOCUMENT # P96000090552

1. Entity Name

SAVE-ON-A/C INC.

Principal Place of Business

Mailing Address

WINKLER ROAD
 #216
 MYERS FL 33919

P.O. BOX 27441
 FT MYERS FL 33919
 US

Principal Place of Business

3. Mailing Address

1449 MEDOC LANE
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS FL

Zip Country
 33919 LEE

City & State

Zip Country

4. FEI Number 65-0706116

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

METCALFE, WILLIAM D
 1449 MEDOC LANE
 SUITE 300
 FORT MYERS FL 33919

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|---|---------------------------------|--|--|---|
| D | <input type="checkbox"/> Delete | METCALFE, WILLIAM D 1449 MEDOC LANE, SUITE 300 FORT MYERS FL 33919 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | |
| D | <input type="checkbox"/> Delete | BRETSCHNEIDER, RICHARD N 6858 CANDELWOOD DRIVE FORT MYERS FL 33919 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | |
| D | <input type="checkbox"/> Delete | DAVIS, JOHN W 5362 COUNTRYDALE COURT FORT MYERS FL 33905 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | |
| | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | |
| | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | |
| | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | |

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

4-24-2000 941-482-0034

Date Daytime Phone #

CR2E034 (9/99)