

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0054763 AV

DOCUMENT # P96000100425

1. Entity Name

CONTI HEATING & AIR, INC.

04-02-2002 90911 042 ***150.00

Principal Place of Business

**5212 PRISSY ST
PENSACOLA FL 32526**

Mailing Address

**5212 PRISSY ST
PENSACOLA FL 32526**

2. Principal Place of Business

2717 NORTH "W" STREET

Suite, Apt. #, etc.

UNIT C

City & State

PENSACOLA, FL

Zip

32505

Country

ESCAMBIA

3. Mailing Address

2717 NORTH "W" STREET

Suite, Apt. #, etc.

UNIT C

City & State

PENSACOLA, FL

Zip

32505

Country

ESCAMBIA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3414224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONTI, MARCUS
5212 PRISSY ST
PENSACOLA FL 32526**

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.

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, 2002 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 **VP** ☐ Delete
NAME **CONTI, MARCUS J**
STREET ADDRESS **5212 PRISSY ST**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **P** ☐ Delete
NAME **BLACKWELL, WILLIAM A**
STREET ADDRESS **796 TALLEY LANE**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **ST** ☐ Delete
NAME **BLACKWELL, WILLIAM I**
STREET ADDRESS **800 TALLEY LANE**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
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.

WILLIAM A. BLACKWELL

3/25/02

850-434-5000

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (9/01)