

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102671

1. Entity Name

AMERICAN AIR & HEAT, INC. - WEST COAST

Principal Place of Business

5810-A BRECKENRIDGE PKWY  
A  
TAMPA FL 33610

Mailing Address

5810-A BRECKENRIDGE PKWY  
A  
TAMPA FL 33610-4234

2. Principal Place of Business

17719 GREY EAGLE RD

3. Mailing Address

P.O. Box 46776

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FLORIDA

Zip

33647

Country

UNITED STATES

Zip

33647

Country

UNITED STATES

6. Name and Address of Current Registered Agent

JOHNSON, LAWRENCE D ESQ.  
925 SOUTH DENNING DRIVE  
SUITE 4  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

N/A

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, 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 PVST ☐ Delete  
NAME SABOW, ROBERT J  
STREET ADDRESS 5810-A BRECKENRIDGE PKWY  
CITY-ST-ZIP TAMPA FL 33610

TITLE D ☐ Delete  
NAME SABOW, ROBERT J  
STREET ADDRESS 5810-A BRECKENRIDGE PKWY  
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 SAME ADDRESS ONLY ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 17719 GREY EAGLE RD  
CITY-ST-ZIP TAMPA FL 33647

TITLE SAME ADDRESS ONLY ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 17719 GREY EAGLE RD  
CITY-ST-ZIP TAMPA FL 33647

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90184 030 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3421236

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

CR2E034 (9/99)

4-20-00 (813) 205-7070