

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103208

1. Entity Name
ALASKA AIR CONDITIONING SERVICE INC.



FILED

03 OCT 22 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14430 SW 17 STREET
DAVIE FL 33325
US

Mailing Address
14430 SW 17 STREET
DAVIE FL 33325
US



2. Principal Place of Business

14430 SW 17 St.

Suite, Apt. #, etc.

3. Mailing Address

14430 SW 17 St.

Suite, Apt. #, etc.

City & State

DAVIE, Florida

City & State

DAVIE, Florida

REINSTATEMENT

4. FEI Number 65-0715662

Applied For
Not Applicable

Zip 33325

Country Broward

Zip 33325

Country Broward

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

KOPCZYNSKI, STEVE
3801 S. OCEAN DRIVE
PHD
HOLLYWOOD FL 33019

Name

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

500023669585
10/09/03--01063--017 **750.00

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.

Stephen Kopczynski

(NOTE: Registered Agent signature required when reinstating)

10/20/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KOPCZYNSKI, STEVE
STREET ADDRESS 3801 S OCEAN DRIVE-PHD
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

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

TITLE MT
NAME BURGOS, MICHELLE
STREET ADDRESS 14430 SW 17 ST
CITY-ST-ZIP DAVIE FL 33325 ☐ Delete

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

TITLE VD
NAME MENDOZA, JOSE
STREET ADDRESS 14430 SW 17 ST
CITY-ST-ZIP DAVIE FL 33325 ☐ Delete

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

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

12. 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 10 or Block 11 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

10/6/03

Date

Daytime Phone #

CP2E034 (4/03)

0075608
AV