

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024895

1. Entity Name

CONDITIONED AIR, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90020 010 ***158.75

Principal Place of Business

Mailing Address

~~118 HUNTER RD
VALRICO FL 33594~~

P O BOX 1064
BRANDON FL 33509-1064

2. Principal Place of Business

3. Mailing Address

711 N Parsons Ave

~~BRANDON FL 33511~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Brandon FL

City & State

City & State

~~33510~~

Zip

Country

33510

USA

Zip

Country

4. FEI Number

59-3440630

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

~~KIVIMAKI, MARIA
714 CLAYTON STREET
BRANDON FL 33511~~

Name

William R Kivimaki

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

714 Clayton St

City

Brandon

FL

Zip Code

33511

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

William R Kivimaki

William R Kivimaki

4-20-00

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 OFF	D	<input type="checkbox"/> Delete
NAME	KIVIMAKI, WILLIAM	
STREET ADDRESS	714 CLAYTON STREET	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE OFF	D	<input type="checkbox"/> Delete
NAME	KIVIMAKI, MARIA D	
STREET ADDRESS	714 CLAYTON STREET	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William R Kivimaki

Date

4/24/00

Daytime Phone #

813-643-3505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)