

2006 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90307 046 ***150.00

DOCUMENT # P97000026477

1. Entity Name

Pasadena Heating & Air Conditioning
Inc



DO NOT WRITE IN THIS SPACE

60024748

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6417 Gulfport Blvd S

Suite, Apt. #, etc.

3. Mailing Address

6417 Gulfport Blvd S

Suite, Apt. #, etc.

City & State

Pasadena, FL

City & State

Pasadena, FL

4. FEI Number

59-3433067

Applied For
Not Applicable

Zip 33707

Country

Pinellas

Zip 33707

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Wayne Pettit

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

6417 Gulfport Blvd S.

City

Pasadena

FL

Zip Code

33707

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Pettit, Wayne
6417 Gulfport Blvd S
Pasadena, FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 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 #