

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90356 007 ***150.00

04/23/02 AV

DOCUMENT # P97000029478

1. Entity Name

OCEAN AIR CONDITIONING, HEATING, AND APPLIANCE SERVICE, INC.

Principal Place of Business

**5712 W. WATERS AVE
 STE 7
 TAMPA FL 33634**

Mailing Address

**5712 W. WATERS AVE
 STE 7
 TAMPA FL 33634**

00074344



2. Principal Place of Business

5712 W. WATERS AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 7

Suite, Apt. #, etc.

City & State

TAMPA, FLA.

City & State

4. FEI Number

59-3460844

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**URREA, OSCAR
 6717 BENJAMIN ROAD
 #328
 TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name

URREA OSCAR

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

11701 BRANCH MORRIS DR

City

TAMPA

FL

Zip Code

33635

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

OSCAR D. URREA, PRESIDENT

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 **P** ☐ Delete
 NAME **URREA, OSCAR**
 STREET ADDRESS **6717 BENJAMIN ROAD, #328**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE **VP** ☐ Delete
 NAME **VASQUEZ, DORA**
 STREET ADDRESS **6717 BENJAMIN ROAD, #328**
 CITY-ST-ZIP **TAMPA FL 33634**

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

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

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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CR2E034 (9/01)

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:

OSCAR D. URREA, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02 813-888-9295

Date

Daytime Phone #