## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P97000043968

ROD FACEMYER A/C & HEATING, INC.



1. Entity Name

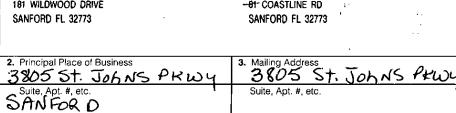
Principal Place of Business 181 WILDWOOD DRIVE

City & State

Th

Mailing Address -81- COASTLINE RD

TNFORD





03-28-2003 90120 036 \*\*\*150.00



Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

59-3445511

4. FEI Number

, , ,		2 11 1 1	•				JI Applicable	
3277	Country USA	35771	Country ()S	<b>A</b> 5.	Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
181_WILE	er, rodney l Dwood drive D FL 32773		Stree	Name RODNEY L. FACEMYER Street Address (P.O. Box Number is Not Acceptable) 137 Steep! E. Chase CR.				
in the state of th				City SAN FORD FL Zin Code 32771				
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office	or registered a	gent, or both, in the State of Florida.	I am familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent sig	nature required when	reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financin Trust Fund Contribution.		May Be	
10. "	OFFICERS AND I	DIRECTORS	11.	A	ODITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FACEMYER, RODNEY L _81 COASTLINE RD SANFORD FL 32771	☐ Delete	TITLE NAME STREET ADORES CITY-ST-ZIP	3805 SANF	5t. Johns PKWY. ORD, FL 32771	<b>D-</b> <del>Chan</del> ge	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	man to the second secon	☐ Delete "	TITLE NAME STREET ADDRES CITY-ST-ZIP			☐ Change、	☐ Addition	
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Change	☐ Addition	
12. I hereby of indicated of the corr	certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee empor	this filing does not qualify for true and accurate and that m wered to execute this report	the exemption s ny signature sha as required by 0	stated in Section If have the same Chapter 607, Flor	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; i ida Statutes; and that my name app	er certify that the in that I am an officer ears in Block 10 or	nformation or director Block 11 if	

SIGNATURE:

RODNey FACEMYER