

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90120 036 ***150.00

DOCUMENT # P97000043968

1. Entity Name
ROD FACEMYER A/C & HEATING, INC.



Principal Place of Business
181 WILDWOOD DRIVE
SANFORD FL 32773

Mailing Address
-81 COASTLINE RD
SANFORD FL 32773

2. Principal Place of Business

3805 St. Johns Pkwy
SANFORD

3. Mailing Address

3805 St. Johns Pkwy
SANFORD

City & State

FL

City & State

SANFORD, FL

4. FEI Number

59-3445511

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

32771

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

FACEMYER, RODNEY L
181 WILDWOOD DRIVE
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name
RODNEY L. FACEMYER
Street Address (P.O. Box Number is Not Acceptable)
137 STEEPLE CHASE CR.
City
SANFORD
FL
Zip Code
32771

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 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 Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
FACEMYER, RODNEY L
81 COASTLINE RD
SANFORD FL 32771

☐ **Delete**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3805 St. Johns Pkwy.
SANFORD, FL 32771

☒ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

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

RODNEY FACEMYER 3/25/03 407-322-7455

Date

Daytime Phone #

CR2E034 (10/02)