## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#**

Principal Place of Business 3020 WATER OAK DR

MERRITT ISLAND FL 32953

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

P97000045461

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

3020 WATER OAK DR

MERRITT ISLAND FL 32953

1. Entity Name

REX HALL AIR CONDITIONING & HEATING, INC.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.



## FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90181 023 \*\*\*150.00

THUTDURG

☐ CHECK HERE IF MAKING	CHANGES
4. FEI Number 05 0704404	Applied For
65-0761421	Not Applicable
5. Cemucate of Status Desired 1.1	8.75 Additional ee Required

DATE

HALL, REX L 3020 WATER OAK DR MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent				
Name				
		1		
Street Addre	ess (P.O. Box Nu	mber is Not Accep	table)	
City			Zip Code	

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.

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Election Campaign Financing
 Trust Fund Contribution.

**\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Change ☐ Addition Delete TITLE HALL, REX L NAME NAME STREET ADDRESS 3020 WATER OAK DR STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Chance ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

PLES

1-28-03

321454 1469

Daytim

CR2E034 (10/02)