2000 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **P97000058554** ALL VOLUSIA AIR CONDITIONING AND HEATING, INC. 04-12-2000 90149 017 ***150.00 Principal Place of Business Mailing Address " DORIS PLACE 1648 TAYLOR RD. ----- DAYTONA FL 32119 STE. 432 PT. ORANNGE FL 32124-6753 3. Mailing Address 2. Principal Place of Business 701 Doris Place Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3455822 South Daytona FLNot Applicable Country Zip Country \$8.75 Additional $\frac{Z_{1}^{0}}{32119}$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Calvin G. denDulk DENDULK, DENIS J Street Address (P.O. Box Number is Not Acceptable) 4631 SOUTH MOON TRAIL PORT ORANGE FL 32119 City St. Cloud Zip <u>S</u>24771 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 agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE DENDULK, ARNOLD C NAME NAME STREET ADDRESS 701 DORIS PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SOUTH DAYTONA FL 32119** ■ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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 repeiver 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 in