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2002 Uniform Business Report (UBR)

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SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # P97000058554 1. Entity Name -11-2002 90020 043 ***150 00 ALL VOLUSIA AIR CONDITIONING AND HEATING, INC. Principal Place of Business Mailing Address 701 DORIS PLACE 701 DORIS PLACE SOUTH DAYTONA FL 32119 DAYTONA BEACH FL 32119 2. Principal Place of Business 3. Mailing Address NOVA Rd. 2090 S NOVA DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3455822 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CALVIN G DENDULK Street Address (P.O. Box Number is Not Acceptable) 1190 DEAN ST SAINT CLOUD FL 34771 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. 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 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition DENDULK, ARNOLD C NAME NAME 701 DORIS PLACE STREET ADDRESS STREET ADDRESS SOUTH DAYTONA FL 32119 CITY-ST-78P CITY-ST- ZIP ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change - Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZIP CITY-ST-71P 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