

**2000 UNIFORM BUSINESS REPORT (UBR)**

6/12/00-90039-026-\$150.00-\$150.00 Page 1 of 3

DOCUMENT # **P970000/67220**  
 1. Entity Name  
**RANDY WOLF AIR CONDITIONING, INC.**

FILED  
 00 SEP -1 PM 3:16  
 SECRETARY OF STATE,  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business  
**12350 S. BELCHER RD.**  
 Suite, Apt. #, etc.  
**BLDG. #6 - UNIT 'C'**

3. Mailing Address  
**1801 OAK CREEK DR**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**1. ARGO, FL.**  
 Zip  
**33773** Country  
**PINELLAS**

City & State  
**DUNEDIN, FL.**  
 Zip  
**34698** Country  
**PINELLAS**

4. FEL Number  
**59-3458344** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~**RANDY WOLF**~~  
~~**1801 OAK CREEK DR**~~  
~~**DUNEDIN, FL 34698**~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

|  |                                 |
|--|---------------------------------|
| TITLE<br><b>PRESIDENT</b>                  | <input type="checkbox"/> Delete |
| NAME<br><b>RANDY WOLF</b>                  |                                 |
| STREET ADDRESS<br><b>1801 OAK CREEK DR</b> |                                 |
| CITY-ST-ZIP<br><b>DUNEDIN, FL. 34698</b>   |                                 |
| TITLE                                      | <input type="checkbox"/> Delete |
| NAME                                       |                                 |
| STREET ADDRESS                             |                                 |
| CITY-ST-ZIP                                |                                 |
| TITLE                                      | <input type="checkbox"/> Delete |
| NAME                                       |                                 |
| STREET ADDRESS                             |                                 |
| CITY-ST-ZIP                                |                                 |
| TITLE                                      | <input type="checkbox"/> Delete |
| NAME                                       |                                 |
| STREET ADDRESS                             |                                 |
| CITY-ST-ZIP                                |                                 |
| TITLE                                      | <input type="checkbox"/> Delete |
| NAME                                       |                                 |
| STREET ADDRESS                             |                                 |
| CITY-ST-ZIP                                |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Randell D. Wolf**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-30-00** (727) 531-0188  
 Daytime Phone #

CR2E034 (9/99)

DEAR TYRONE:

WE HAVE RECENTLY TALKED ON THE PHONE REGARDING THIS DELINQUENT FEE, HOWEVER SINCE I KNOW YOU ARE VERY BUSY, ALLOW ME TO REFRESH YOUR MEMORY.

I NEVER RECEIVED MY ANNUAL CORPORATE REPORT. - SO ON MAY 10<sup>TH</sup> I CALLED MY ACCOUNTANT AND INQUIRED ABOUT IT TO HER. SHE INFORMED ME IT WAS DUE 10 DAYS AGO, AND THEN GAVE ME THE PHONE NUMBER TO THE DEPT. OF STATE.

I CALLED THEM AND ASKED FOR A REPORT AT THAT TIME.

IT CAME ABOUT A WEEK LATER AND I FILLED IT OUT AND INCLUDED MY 150<sup>00</sup> CHECK. THEY HAD TOLD ME TO WRITE A LETTER STATING THAT I NEVER RECEIVED THE FIRST REPORT, WHICH I DID, AND I ALSO INCLUDED THE ENVELOPE THAT THEY SENT THE SECOND REPORT IN, WITH THE POST MARK CIRCLED AS PROOF.

THEN A MONTH LATER I RECEIVED MY SECOND NOTICE, SAYING I OWED 400<sup>00</sup>

MORE FOR BEING LATE.

WHEN I CALLED AND SPOKE WITH YOU, YOU SAID THERE WAS NO RECORD OF MY PREVIOUS LETTER OF EXPLANATION AND IT MUST HAVE BEEN LOST.

YOU THEN TOLD ME TO WRITE ANOTHER LETTER, DIRECTED TO YOU, ASKING TO WAIVE THE LATE FEE.

SO, HERE IT IS.

I HOPE THIS LETTER WILL CLEAR UP THIS MATTER, AND I APPRECIATE YOUR ATTENTION TO THIS MATTER.

SINCERELY,

Kandy Hoy

(727) 531-0188