

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069671

1. Entity Name

CLEAN-AIR COOLING & HEATING INC

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90042 045 ***150.00

Principal Place of Business

Mailing Address

C/O THOMAS DEANE
115 DALEVIEW AVE.
LEHIGH ACRES FL 33936

115 DALEVIEW AVE.
LEHIGH ACRES FL 33936-6600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

25 Homestead Rd

25 Homestead Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

unit 5

unit 5

City & State

City & State

Lehigh FL

Lehigh FL

Zip

Zip

33936

33936

Country

Country

Lee

Lee

4. FEI Number 65-0775724

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEANE, THOMAS A
115 DALEVIEW AVE.
LEHIGH ACRES FL 33936

Name Deane, Thomas A
Street Address (P.O. Box Number is Not Acceptable)
2659 Shriver Dr

City Ft Myers

FL

Zip Code 33901

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

(NOTE: Registered Agent signature required when reinstating)

01/06/00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BICKLE, MARLIES	
STREET ADDRESS	115 DALEVIEW AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BICKLE, FRITZ	
STREET ADDRESS	115 DALEVIEW AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DEANE, THOMAS	
STREET ADDRESS	115 DALEVIEW AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
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"/> 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		
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: Thomas A Deane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/00 941-369-6913
Date Daytime Phone #

CR2E034 (9/93)