

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100504

1. Entity Name

DE SEARS CENTRAL AIR, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90010 019 ***150.00

Principal Place of Business	Mailing Address
1600 BARBER ST SARASOTA FL 34240	1600 BARBER ST SARASOTA FL 34240-9393

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SCHLABACH, LARRY 1600 BARBER ST SARASOTA FL 34240

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 _____
Signature, typed or printed name of registered agent and title if applicable (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	PVST
NAME	SCHLABACH, LARRY
STREET ADDRESS	1600 BARBER ST
CITY-ST-ZIP	SARASOTA FL 34240
	<input type="checkbox"/> Delete
TITLE	D
NAME	SCHLABACH, LARRY
STREET ADDRESS	1600 BARBER ST
CITY-ST-ZIP	SARASOTA FL 34240
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Larry Schlabach 3/29/2000 941-371-0833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)