

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90177 025 ***150.00

DOCUMENT # P97000100504

1. Entity Name
DE SEARS CENTRAL AIR, INC.



Principal Place of Business

**1600 BARBER ST
SARASOTA FL 34240**

Mailing Address

**1600 BARBER ST
SARASOTA FL 34240**

2. Principal Place of Business

6384 Tower Lane

3. Mailing Address

6384 Tower Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34240

Country

U.S.A.

Zip

34240

Country

U.S.A.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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
JOHN A. MORAN

Street Address (P.O. Box Number is Not Acceptable)
44 S. Links Avenue

Suite 300

City

Sarasota

FL

Zip Code

34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
SCHLABACH, LARRY
1600 BARBER ST
SARASOTA FL 34240** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHLABACH, LARRY
1600 BARBER ST
SARASOTA FL 34240** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
Gerald L. Kurtz
6384 Tower Lane
Sarasota, FL 34240** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

(941) 371-0833

Date

Daytime Phone #

CR2E034 (10/02)