

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91070 001 ***150.00
 05-17-2000 91070 002 *****8.75

10073



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000004278			
1. Entity Name JACK'S HEATING AND AIR CONDITIONING, INC.			
Principal Place of Business HIGHWAY 52 CITY FL 33525		Mailing Address 36245 HIGHWAY 52 DADE CITY FL 33525	
2. Principal Place of Business 9715 Sunbeam DRIVE Suite, Apt. #, etc.		3. Mailing Address 9715 Sunbeam DRIVE Suite, Apt. #, etc.	
City & State NEW PORT RICHEY, FLORIDA		City & State NEW PORT RICHEY, FLORIDA	
Zip 34654	Country USA	Zip 34654	Country USA
4. FEI Number 59-3486100		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERLOWIN, EILEEN 9715 SUNBEAM DRIVE NEW PORT RICHEY FL 34654		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 <u>Eileen Gerlowin, Eileen GERLOWIN, PRESIDENT</u> DATE <u>3-11-2000</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME GERLOWIN, EILEEN STREET ADDRESS 9715 SUNBEAM DRIVE CITY-ST-ZIP NEW PORT RICHEY FL 34654		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u>Eileen Gerlowin, Eileen Gerlowin</u>		Date <u>3-11-2000</u> Daytime Phone # <u>727-819-9523</u>	

05/17/2000