

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010086

1. Entity Name

FREEDOM AIR CONDITIONING AND HEAT, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90037 008 \*\*\*150.00

Principal Place of Business

236 E 46TH ST  
JACKSONVILLE FL 32208

Mailing Address

236 E 46TH ST  
JACKSONVILLE FL 32218-4679

2. Principal Place of Business

2869 Leonid Rd.

Suite, Apt. #, etc.

3. Mailing Address

2869 Leonid Rd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3495872

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

KENNISON, MIRIAM W  
236 E 46TH ST  
JACKSONVILLE FL 32208

Name

Miriam W. Kennison

Street Address (P.O. Box Number is Not Acceptable)

2869 Leonid Rd.

City

Jacksonville,

FL

Zip Code

32218

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 Miriam W. Kennison

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-00

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 ☐ Delete  
NAME P  
STREET ADDRESS KENNISON, DAVID M  
CITY-ST-ZIP 236 E 46TH ST  
JACKSONVILLE FL 32208

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2869 Leonid Rd.  
CITY-ST-ZIP Jacksonville, FL 32218

TITLE ☐ Delete  
NAME S  
STREET ADDRESS KENNISON, MIRIAM W  
CITY-ST-ZIP 236 E 46TH ST  
JACKSONVILLE FL 32208

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2869 Leonid Rd.  
CITY-ST-ZIP Jacksonville, FL 32218

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Miriam W. Kennison  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00  
Date

904-766-7748  
Daytime Phone #

CR2E034 (9/99)