2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000012192 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name GATOR AIR CONDITIONING, INC. 04-20-2000 90001 045 ***150.00 Principal Place of Business Mailing Address 2301 9TH ST. EAST 2301 9TH ST. EAST UNIT 3 **BRADENTON FL 34208 BRADENTON FL 34208-3521** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0813785 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALICCHIO, JAN L Street Address (P.O. Box Number is Not Acceptable) 406 13TH STREET WEST **BRADENTON FL 34205** Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PSD Change X Addition ☐ Delete TITLE TITLE POMROY, JAMES C NAME NAME 9506 30TH COURT EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARRISH FL 34219 VĎ ☐ Delete TITLE ☐ Change ☐ Addition NORTHRUP, NORBERT W NAME NAME C/O-9506 30TH COURT EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARRISH FL 34219 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NORTHRUP, JAMES R NAME C/O 9506 30TH COURT EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARRISH FL 34219 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 received or trustee empowered to execute his 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 addresse, with all other like empowered.