

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000014012**

1. Entity Name

AARDVARK AIR CONDITIONING & HEATING, INC.

Principal Place of Business

17190 104TH AVENUE  
SUMMERFIELD FL 34491

Mailing Address

17190 104TH AVENUE  
SUMMERFIELD FL 34491

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip      Country      Zip      Country

4. FEI Number

**59-3499564**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DUNNE, DENNIS J  
17190 104TH AVENUE  
SUMMERFIELD FL 34491

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

*Dennis J. Dunne*      Signature, typed or printed name, registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-14-02*

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P DUNNE, DENNIS J 17190 104TH AVENUE SUMMERFIELD FL 34491	<input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNNE, PEARL M 17190 104TH AVENUE SUMMERFIELD FL 34491	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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:

*Dennis J. Dunne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-14-02 352 347 8787*

Daytime Phone #

Date

CR2E034 (9/01)