

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90249 024 ***158.75

DOCUMENT # P98000029192

1. Entity Name

DIVISION 15-HVAC, INCORPORATED

Principal Place of Business

4152 INDEPENDENCE CT
STE C-5
SARASOTA FL 34234
US

Mailing Address

P.O. BOX 292
MYAKKA FL 34251-0292

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

65-0826167

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UPCHURCH, DEBRA K
2833 GOLDEN POINCIANA PL
SARASOTA FL

Name

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

31519 Betts Road

City

Myakka City

FL

Zip Code

34251

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

Ramona M Stevens

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

(NOTE: Registered Agent signature required when reinstating)

4-11-00

DATE

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	VD	<input checked="" type="checkbox"/> Delete
NAME	UPCHURCH, BRIAN R	
STREET ADDRESS	2833 GOLDEN POINCIANA PL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	UPCHURCH, DEBRA K	
STREET ADDRESS	2833 GOLDEN POINCIANA PL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEVENS, KENNETH C	
STREET ADDRESS	31519 BETTS ROAD	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEVENS, RAMONA M	
STREET ADDRESS	31519 BETTS ROAD	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramona M Stevens	
STREET ADDRESS	31519 Betts Road	
CITY-ST-ZIP	Myakka City, FL 34251	
TITLE	John Valderrama	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4525 McIntosh Lane	
STREET ADDRESS	Sarasota, FL 34232	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ramona M Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

941-351-5296

Daytime Phone #

CR2E034 (9/99)