

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035898

1. Entity Name

JOHNSON'S AIR CONDITIONING, INC.

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

04-17-2000 90119 005 ***150.00

Principal Place of Business

Mailing Address

6322 TAYLOR RD.
NAPLES FL 34109

6322 TAYLOR RD.
NAPLES FL 34109-1841

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6322 TAYLOR RD.

Suite, Apt. #, etc.

6322 TAYLOR RD.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34109

Country

USA

Zip

34109

Country

USA

4. FEI Number

59-3514168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMS, RICHARD E
6322 TAYLOR RD.
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

RICHARD E. SIMS

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

6322 TAYLOR RD.

City

NAPLES FL

FL

Zip Code

34109

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

RICHARD E. SIMS

(NOTE: Registered Agent signature required when reinstating)

3-30-00

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
0
SIMS, RICHARD E
6322 TAYLOR RD.
NAPLES FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E. SIMS

3-30-00

Date

Daytime Phone #

941-597-4675