

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90031 022 \*\*\*150.00

**DOCUMENT # P98000037934**

1. Entity Name

**H. L. GRAVES AIR CONDITIONING, INC.**

Principal Place of Business

**12451 METRO PARKWAY #104  
 FORT MYERS FL 33912**

Mailing Address

**12451 METRO PARKWAY #104  
 FORT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0837529**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SMITH, WILLIAM R  
 8191 COLLEGE PARKWAY  
 SUITE 204  
 FORT MYERS FL 33919**

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD GRAVES, H L	<input type="checkbox"/> Delete
STREET ADDRESS	12451 METRO PARKWAY #104	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE NAME	TD MEREDITH, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	12451 METRO PKY. #104	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE NAME	SD GRAVES, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	12451 METRO PKY. #104	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PDC GRAVES, HL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12451 METRO PKY #104	
CITY-ST-ZIP	FT. MYERS, FL. 33912	
TITLE NAME	SD MEREDITH, SUSAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12451 METRO PKY. #104	
CITY-ST-ZIP	FT. MYERS, FL. 33912	
TITLE NAME	TD GRAVES, THOMAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12451 METRO PKY #104 FT. MYERS, FL. 33912	
CITY-ST-ZIP		
TITLE NAME	VD PLONSKI, DAVID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	12451 METRO PKY #104	
CITY-ST-ZIP	FT. MYERS, FL. 33912	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Susan Meredith* SUSAN MEREDITH 3-27-02 941-561-6999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)