

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**  
 07-07-2000 90402 042 \*\*\*150.00

DOCUMENT # **P98600038689**

1. Entity Name

**CityWide Air Conditioning and Heating, Inc.**

Principal Place of Business

Mailing Address

**1314 Cape Coral Parkway 1314 Cape Coral Parkway**  
**Cape Coral, Florida 33904 Cape Coral, Florida 33904**

2. Principal Place of Business

**1314 Cape Coral Parkway**

**#102** Apt. #, etc.

3. Mailing Address

**1314 Cape Coral Parkway**

**#102** #, etc.

City & State  
**Cape Coral, Florida**

Zip  
**33904**

Country  
**USA**

City & State  
**Cape Coral, Florida**

Zip  
**33904**

Country  
**USA**

4. FEI Number  
**650870683**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

00067380

6. Name and Address of Current Registered Agent

**John R Loneragan, P.A.**  
**12520 World Plaza Lane**  
**Suite 1**  
**Fort Myers, Florida 33907**

7. Name and Address of New Registered Agent

Name  
**John R Loneragan, P.A.**  
 Street Address (Not Acceptable)  
**12520 World Plaza Lane**  
**Suite 1**  
 City  
**Fort Myers, Florida 33907** **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 **John R Loneragan, P.A.**

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

(NOTE: Registered Agent signature required when reinstating)

**June 10th, 2000**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Dunigan, Robert J.</b> <b>5008 SW 25th Place</b> <b>Cape Coral, Florida 33904</b> <b>D</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Fuller, Jacqueline</b> <b>5008 SW 25th Place</b> <b>Cape Coral, Florida 33904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jacqueline Fuller**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-10-00**

Date

Daytime Phone #

CR2E034 (9/99)