

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052803

1. Entity Name  
**FROSTY'S AIR CONDITIONING HEATING & REFRIGERATIO**

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**  
 04-19-2000 90071 003 \*\*\*150.00

Principal Place of Business 121 GULFWINDS DRIVE EAST PALM HARBOR FL 34683	Mailing Address 121 GULFWINDS DRIVE EAST PALM HARBOR FL 34683-1309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 57-3516193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ACCOUNTING & TAX HELP, INC.**  
**8668 PARK BLVD.**  
**SUITE A**  
**SEMINOLE FL 33777**

7. Name and Address of New Registered Agent  
 Name: **TERRANCE FLANAGAN**  
 Street Address (P.O. Box Number is Not Acceptable): **121 GULFWINDS DRIVE EAST**  
**PALM HARBOR FL 34683**

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]* **4/12/00**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	PTD FLANAGAN, TERRANCE 121 GULF WINDS DRIVE EAST PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FLANAGAN, MARY CHRISTINE 121 GULFWINDS DRIVE EAST PALM HARBOR FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *[Signature]* **4/12/00** **580-1373**  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (9/99)