

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90143 015 ***150.00

907330



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000061445

1. Entity Name
GLEN'S AIR CONDITIONING & HEATING, INC.

Principal Place of Business 171 EMERSON DRIVE, N.W. PALM BAY FL 32907	Mailing Address 171 EMERSON DRIVE, N.W. PALM BAY FL 32907
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2. Principal Place of Business 4155 Dow Rd Suite, Apt. #, etc. Suite F City & State Melbourne FL	3. Mailing Address 4155 Dow Rd Suite, Apt. #, etc. Suite F City & State Melbourne FL
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Zip 32934	Country Brevard	Zip 32934	Country Brevard
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4. FEI Number 59-3523465	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
JONES, ELWYN GLEN
 171 EMERSON DRIVE, N.W.
 PALM BAY FL 32907

7. Name and Address of New Registered Agent
 Name: **Elwyn Glen Jones**
 Street Address (P.O. Box Number is Not Acceptable):
 4155 Dow Rd
 Suite F
 City: **Melbourne** FL Zip Code: **32934**

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: *Elwyn Glen Jones* DATE: **1/18/01**
Signature, typed or printed name of registered agent and title 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, 2001 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	D <input type="checkbox"/> Delete JONES, ELWYN GLEN 171 EMERSON DRIVE, N.W. PALM BAY FL 32907
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
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

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: *Elwyn Glen Jones* DATE: **1/18/01** DAYTIME PHONE #: **733-0780**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)