

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90095 027 \*\*\*150.00

**DOCUMENT # P98000062365**

1. Entity Name

**JOHN BARTHA'S ANYTIME AIR CONDITIONING SERVICE, INC.**

Principal Place of Business

~~4633 N. ANDREWS AVENUE~~  
~~FORT LAUDERDALE FL 33309 4028~~

Mailing Address

~~4633 N. ANDREWS AVENUE~~  
~~FORT LAUDERDALE FL 33309 4028~~

2. Principal Place of Business

**1131 SE 9TH TERRACE**  
 Suite, Apt. #, etc.

3. Mailing Address

**1131 SE 9TH TERRACE**  
 Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**  
 Zip **33060** Country **USA**

City & State

**Pompano Beach FL**  
 Zip **33060** Country **USA**

4. FEI Number

**65-0853701**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BARTHA, JOHN**

~~4633 N. ANDREWS AVENUE~~  
~~FORT LAUDERDALE FL 33309 4028~~

**1131 SE 9th Terrace**  
**Pompano Beach FL**  
**33060**

7. Name and Address of New Registered Agent

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

TITLE	DPVS	<input type="checkbox"/> Delete
NAME	BARTHA, JOHN	
STREET ADDRESS	<del>4633 N. ANDREWS AVENUE</del>	
CITY-ST-ZIP	<del>FORT LAUDERDALE FL 33309 4028</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)