

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064568

1. Entity Name

SEA TECH AIR CONDITIONING & REFRIGERATION, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90025 032 ***550.00

Principal Place of Business

2901 AVE. OF THE AMERICAS
ENGLEWOOD FL 34224

Mailing Address

2901 AVE. OF THE AMERICAS
ENGLEWOOD FL 34224

A0077619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

524 Paul Morris Bldg.

3. Mailing Address

PO Box 1193

Suite, Apt. #, etc.

Unit D

Suite, Apt. #, etc.

City & State

Englewood FL

City & State

Englewood FL

4. FEI Number

65-0858770

Applied For

Not Applicable

Zip

Country

34223

USA

Zip

Country

34295

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRAY, STEVEN A
2901 AVE. OF THE AMERICAS
ENGLEWOOD FL 34224

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

9.10.00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME KIRAY, STEVEN A
STREET ADDRESS 2901 AVE. OF THE AMERICAS
CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.10.00

Date

473-9344

Daytime Phone *

CR2E034 (5/00)