

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90193 022 ***150.00

DOCUMENT # P98000067540

1. Entity Name

PROAIRE & APPLIANCE OF SOUTHWEST FL, INC.

Principal Place of Business

2407 IVY AVE.
FORT MYERS FL 33907

Mailing Address

2407 IVY AVE.
FORT MYERS FL 33907

2. Principal Place of Business

1574 MORENO AVE

3. Mailing Address

1574 MORENO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS, FL

City & State

FT MYERS FL

Zip

33901

Country

USA

Zip

33901

Country

USA

4. FEI Number

65-0882801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLIN, JEFFREY T
2407 IVY AVE.
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

SAME - JEFFREY T. CARLIN

Street Address (P.O. Box Number is Not Acceptable)

1574 MORENO AVE

City

FT MYERS FL

FL

Zip Code

33901

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, 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
CARLIN, JEFFREY T
2407 IVY AVENUE
FORT MYERS FL 33907

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Pres.
CARLIN, JEFFREY T
1574 MORENO AVE
FT MYERS, FL 33901

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEFFREY T. CARLIN

01-22-01

9415770027

CR2E034 (10/00)