

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073590

1. Entity Name

AUSTIN AIR CONDITIONING, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90122 003 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 50374  
LIGHTHOUSE POINT FL 33064

P.O. BOX 50374  
LIGHTHOUSE POINT FL 33068-4066

2. Principal Place of Business

1031 S.W. 50TH AVE  
Suite, Apt. #, etc.

3. Mailing Address

1031 S.W. 50TH AVE.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
MARGATE, FLORIDA  
Zip  
33068

Country

City & State  
MARGATE, FLORIDA  
Zip  
33068

Country

4. FEI Number 65-0857894

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROESSLER, JAMES ROGER  
260 N.E. 25TH CT.  
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

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

1031 S.W. 50TH AVE

City

MARGATE

FL

Zip Code

33068

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, 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ROESSLER, JAMES ROGER	
STREET ADDRESS	P.O. BOX 50374	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	AUSTIN, CARRIE	
STREET ADDRESS	P.O. BOX 50374	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
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	1031 S.W. 50TH AVE
CITY-ST-ZIP	MARGATE, FLORIDA, 33068
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1031 S.W. 50TH AVE
CITY-ST-ZIP	MARGATE, FLORIDA 33068
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	
STREET ADDRESS	
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 all other like empowered.

SIGNATURE:

*James Roger Roessler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES ROGER ROESSLER

Date

April 10, 2000

Daytime Phone #

954-444-4470

CR2E034 (9/99)