

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90044 024 ***150.00

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DOCUMENT # P98000074320

1. Entity Name

A + AIR CONDITIONING & REFRIGERATION, INC.

Principal Place of Business

Mailing Address

**5003 NORTHWEST 28TH PLACE
 GAINESVILLE FL 32606**

**5003 NORTHWEST 28TH PLACE
 GAINESVILLE FL 32606**

2. Principal Place of Business

3. Mailing Address

2321 NW 66 Court

P.O. BOX 358565

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E-1

City & State

City & State

Gainesville, FL

Gainesville, FL

Zip

Country

USA

Zip

Country

USA

32653 Gainesville

32635 Gainesville

4. FEI Number

59-3529397

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOLLUM, ROBERT A

**5003 NW 28 PLACE 817 NW 117 Terrace
 GAINESVILLE FL 32606**

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 true 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSD
 MCCOLLUM, ROBERT H
 5003 NORTHWEST 28TH PLACE
 GAINESVILLE FL 32606** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSD
 McCollum, Robert H.
 817 NW 117 Terrace
 Gainesville, FL 32606** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VTD
 MCCOLLUM, DENICE A
 5003 NORTHWEST 28TH PLACE
 GAINESVILLE FL 32606** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VTD
 mcollum, Denice A.
 817 NW 117 Terrace
 Gainesville, FL 32606** ☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-374-4988

CR2E034 (9/01)