

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002636

1. Entity Name

HALL'S A/C HEATING & REFRIGERATION, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90013 030 \*\*\*550.00

Principal Place of Business

115 MOHAWK CIRCLE  
AUBURNDALE FL 33823

Mailing Address

115 MOHAWK CIRCLE  
AUBURNDALE FL 33823

2. Principal Place of Business

240 Lake Shore Way

3. Mailing Address

PO Box 494

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Ridge

City & State

Auburndale, FL

4. FEI Number

59-3552332

Applied For

Not Applicable

Zip

33850

Country

POIK

Zip

33823

Country

POIK

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

HALL, EARL D III  
115 MOHAWK CIRCLE  
AUBURNDALE FL 33823

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME President  
STREET ADDRESS HALL, EARL D III  
CITY-ST-ZIP 115 MOHAWK CIRCLE  
AUBURNDALE FL 33823

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

TITLE ☐ Delete  
NAME Vice President  
STREET ADDRESS Robert S. Murphy  
CITY-ST-ZIP 515 Market St West  
Lakeland FL 33813

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

ROBERT S. MURPHY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/2000

Date

863-956-9668

Daytime Phone #

CR2E034 (5/00)