

2000 UNIFORM BUSINESS REPORT (UBR)

2/7

DOCUMENT # P99000012032

1. Entity Name

HAVACO-QUINCY, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

02-07-2000 90006 011 ***150.00

Principal Place of Business

Mailing Address

5405 FT. PIERCE BLVD.
FT. PIERCE FL 34950

P.O. BOX 3218
FT. PIERCE FL 34948-3218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0900287

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

SUPANK, HAROLD
5405 FT. PIERCE BLVD.
FT. PIERCE FL 34950

Name

Virginia Supank

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

5405 Ft. Pierce Blvd.

City

Ft. Pierce

FL

Zip Code

34950

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

Virginia Supank
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS	<input checked="" type="checkbox"/> Delete
NAME	SUPANK, HAROLD	
STREET ADDRESS	P.O. BOX 3218 N/A	
CITY-ST-ZIP	FT. PIERCE FL 34948	
TITLE	DPTS	<input type="checkbox"/> Delete
NAME	SUPANK, VIRGINIA	
STREET ADDRESS	P.O. BOX 3218 N/A	
CITY-ST-ZIP	FT. PIERCE FL 34948	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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: *Virginia Supank*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000

Date

561-461-7407

Daytime Phone #