

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018747

1. Entity Name

NORTH CENTRAL FLORIDA AIR CONDITIONING, INC.

**FILED**  
Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90002 014 \*\*\*158.75

Principal Place of Business

Mailing Address

C/O CHARLES W. FISCHER, II

C/O CHARLES W. FISCHER, II

BOX 700

P.O. BOX 700

HIGH SPRINGS FL 32655-0700

HIGH SPRINGS FL 32655-0700

2. Principal Place of Business

3. Mailing Address

25206 N. CR 1491

P.O. Box 700

City, State, Zip

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Alachua FL		City & State High Springs FL		4. FEI Number 59-3563451	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32615	Country Alachua	Zip 32655-0700	Country Alachua	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISCHER, CHARLES W II  
9329 AZALEA RIDGE WAY  
GOTHA FL 34734

Name: Charles W. Fischer II  
Street Address (P.O. Box Number is Not Acceptable): 25206 N CR 1491  
City, State, Zip: Alachua, FL 32615

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: Charles W Fischer II CHARLES W FISCHER II DATE: 2-20-00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 D	<input type="checkbox"/> Delete	TITLE (P) OWNER/ President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FISCHER, CHARLES W II		NAME Charles W. Fischer II	
STREET ADDRESS 9329 AZALEA RIDGE WAY		STREET ADDRESS 25206 N. CR 1491	
CITY-ST-ZIP GOTHA FL 34734		CITY-ST-ZIP Alachua, FL 32615	
TITLE	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT (V)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Lester A. Fischer	
STREET ADDRESS		STREET ADDRESS 8633 NE 68th Terr.	
CITY-ST-ZIP		CITY-ST-ZIP Gainesville, FL 32609	
TITLE	<input type="checkbox"/> Delete	TITLE Secretary (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Linda A. Weitz	
STREET ADDRESS		STREET ADDRESS 25206 N CR 1491	
CITY-ST-ZIP		CITY-ST-ZIP Alachua, FL 32615	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 information.

SIGNATURE: Charles W Fischer II CHARLES W FISCHER II DATE: 2-20-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)