

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**

**May 15, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90015 001 \*\*\*150.00

**DOCUMENT # P99000019315**

1. Entity Name

**REGIS AIR CONDITIONING, INC.**

Principal Place of Business

Mailing Address

~~17322 OAK LEDGE DRIVE~~

17322 OAK LEDGE DRIVE  
LUTZ FL 33549-7626

11415 SR 52  
HUDSON, FL 34669

2. Principal Place of Business

11415 S.R. 52

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

HUDSON, FL  
34669 | PASCO

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

4. FEI Number

39-3603163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name  
**VINCENT TIPALDO**

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

17322 OAK LEDGE DR

City **LUTZ**

FL | Zip Code **33549**

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

*Vincent Tipaldo*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/00

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	PSD	<input type="checkbox"/> Delete
NAME	TIPALDO, PATRICIA	
STREET ADDRESS	17322 OAK LEDGE DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	T	<input type="checkbox"/> Delete
NAME	TIPALDO, VINCENT	
STREET ADDRESS	17322 OAK LEDGE DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
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	
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	
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:

*PATRICIA TIPALDO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00  
Date

727-856-0669  
Daytime Phone #

CR2E034 (9/99)