

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90044 034 ***150.00

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DOCUMENT # P99000019315

1. Entity Name

REGIS AIR CONDITIONING, INC.

Principal Place of Business

**4445 G. R. 52
 HUDSON FL 34669**

Mailing Address

**17322 OAK LEDGE DRIVE
 LUTZ FL 33549**



2. Principal Place of Business

5248 S.R. 54

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

New Port Richey FL.

City & State

Lutz FL

4. FEI Number

59-3603163

Applied For

Not Applicable

Zip

34652

Country

U.S.A.

Zip

33549

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

3/27/02

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 \$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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSD
 TIPALDO, PATRICIA
 17322 OAK LEDGE DRIVE
 LUTZ FL 33549** ☐ Delete

TITLE
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 TIPALDO, VINCENT
 17322 OAK LEDGE DRIVE
 LUTZ FL 33549** ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

Patricia Tipaldo
PATRICIA TIPALDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02

Date

727-847-2050

Daytime Phone #

CR2E034 (9/01)