

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
 04-07-2001 90003 038 ***150.00

0945039

DOCUMENT # P99000028340

1. Entity Name
PROFESSIONAL HEATING & COOLING, INC.

Principal Place of Business
**5510 CYNTHIA LANE
 SARASOTA FL 34235**

Mailing Address
**5510 CYNTHIA LANE
 SARASOTA FL 34235**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7050 15th St. East
 Suite, Apt. #, etc.
#11

3. Mailing Address
7050 15th St E
 Suite, Apt. #, etc.
#11

City & State
Sarasota FL
 Zip
34243
 Country
US

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Sarasota FL
 Zip
34243
 Country
US

4. FEI Number **65-0908730**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GELINAS, LORI
 3043 GULFWIND DR
 LAND O LAKES FL 34639**

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2001 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
 NAME **P MERRILL, GARY** ☐ Delete
 STREET ADDRESS **5510 CYNTHIA LANE**
 CITY-ST-ZIP **SARASOTA FL 34235**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VP Michael Mastroianni** ☐ Change ☒ Addition
 STREET ADDRESS **3505 65th St W**
 CITY-ST-ZIP **Bradenton FL 34209**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **Secretary Geneva Merrill** ☐ Change ☒ Addition
 STREET ADDRESS **5510 Cynthia Lane**
 CITY-ST-ZIP **Sarasota FL 34235**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Change ☐ Addition
 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: *Gay L Merrill*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01
 Date

(941) 378-9500
 Daytime Phone #

CR2E034 (10/00)