

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P 99000042512*

1. Entity Name

C.A.C. Cool Air Conditioning Services Inc

Principal Place of Business

Mailing Address

*6289-W. Sunrise Blvd
Sunrise FL. 33313 - Suite 203*

Same

2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

City & State

City & State

Zip

Country

Zip

Country

Broward

Broward

6. Name and Address of Current Registered Agent

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

Thomas Marchant

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, 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 *PRES* ☐ Delete
NAME *THOMAS MARCHANT*
STREET ADDRESS *6289 W. Sunrise Blvd Suite 203*
CITY-ST-ZIP *Sunrise FL 33313*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700003500547-2
-12/13/00-01110-014
*****150.00 ****150.00*

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

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

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

TITLE ☐ Change ☐ 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:

Thomas Marchant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-2-00 414 583-3553

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -6 PM 2:21

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

Residential

Commercial

C.A.C.
Cool Air Conditioning Services, Inc.
P99000042512

Division of Corporations,

Please note that we have never received the uniform business report. We only found out when our accountant noted that we have filed one, and asked us to call for this form. Enclosed is the form that we are filling. Please send all future correspondence to address listed on the form.

Yours truly,

Thomas Marchant

THOMAS MARCHANT PRES.