

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042999

1. Entity Name

LEMMOND AIR CONDITIONING, INC.

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90002 041 ***550.00

Principal Place of Business

944 CHASE HAMMOCK ROAD
MERRITT ISLAND FL 32953

Mailing Address

944 CHASE HAMMOCK ROAD
MERRITT ISLAND FL 32953

2. Principal Place of Business

3. Mailing Address

PO BOX 540115

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MERRITT ISLAND

4. FEI Number

59-3580780

Applied For

Not Applicable

Zip

Country

Zip
32954

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, JAMES P II
944 CHASE HAMMOCK ROAD
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name

CLAIR E. FLIEDER

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

303 Magnolia Avenue

City

Merritt Island

FL

Zip Code
32952

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

James P. Brooks

Clair E. Flieder

7/14/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **BROOKS, JAMES P II**
STREET ADDRESS **944 CHASE HAMMOCK ROAD**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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

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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: *James P. Brooks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-00

Date

407-452-8525

Daytime Phone #

CR2E034 (5/00)