

(AMENDED) 2004

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P-99000042999

1. Entity Name

LEMMOND AIR CONDITIONING, INC.



FILED

04 DEC -2 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

105 Melbourne Aven

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Merritt Island, Florida

City & State

Same

4. FEI Number

59-3580780

Applied For

Not Applicable

Zip

32953

Country

Brevard

Zip

Same

Country

Brevard

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JACKSON R. BROOKS

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

105 Melbourne Avenue

City

Merritt Island

FL

Zip Code
32953

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jackson R. Brooks
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/28/2004

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Secy/Treasurer	JAMES P. BROOKS II	994 Chase Hammock Rd.	Merritt Island, FL 32953
President	JACKSON R. BROOKS	105 Melbourne Avenue	Merritt Island, FL 32953

200043128212
12/02/04--01036--008 **70.00

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IN THIS SPACE**

12/13

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jackson R. Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACKSON R. BROOKS, President

Date

11/28/2004

Daytime Phone #

CR2E034B (12/02)