

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90130 049 \*\*\*550.00

**DOCUMENT # P99000043841**

**1. Entity Name**  
**CHRISTMAN A/C & REFRIGERATION, INC.**

**Principal Place of Business**

**5876 ENTERPRISE PARKWAY**  
**FORT MYERS FL 33905**  
**US**

**Mailing Address**

**5876 ENTERPRISE PARKWAY**  
**FORT MYERS FL 33905**  
**US**

**2. Principal Place of Business**

**1414 Wellington Ave**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**Same as new one**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**

**Lehigh Acres FL**

**City & State**

**Lehigh Acres FL**

**4. FEI Number**

**65-0918380**

**Applied For**

**Not Applicable**

**Zip**  
**33972**

**Country**  
**USA**

**Zip**

**Country**

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

**6. Name and Address of Current Registered Agent**

**CHRISTMAN, MICHAEL**  
**5876 ENTERPRISE PARKWAY**  
**FORT MYERS FL 33905**

**7. Name and Address of New Registered Agent**

**Name** **Michael Christman**  
**Street Address (P.O. Box Number is Not Acceptable)** **1414 Wellington Avenue**  
**City** **Lehigh Acres** **FL** **Zip Code** **33972**

**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** Michael Christman Michael Christman, Pres. 9/3/02  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CHRISTMAN, MICHAEL</b>	
<b>STREET ADDRESS</b>	<b>1414 WELLINGTON AVE.</b>	
<b>CITY-ST-ZIP</b>	<b>LEHIGH ACRES FL 33972</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CHRISTMAN, CHARLES J</b>	
<b>STREET ADDRESS</b>	<b>7430 BRIARCLIFF RD</b>	
<b>CITY-ST-ZIP</b>	<b>FORT MYERS FL 33912</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CHRISTMAN, MARY E</b>	
<b>STREET ADDRESS</b>	<b>5876 ENTERPRISE PARKWAY</b>	
<b>CITY-ST-ZIP</b>	<b>FORT MYERS FL 33905</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>1414 Wellington Avenue</b>
<b>CITY-ST-ZIP</b>	<b>Lehigh Acres, FL 33972</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** Michael Christman  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/02 239-6849626  
 Date Daytime Phone #

CR2E034 (4/02)