

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**  
 09-13-2000 90018 005 \*\*\*550.00

**DOCUMENT # P99000052256**

1. Entity Name

**BREVARD AIR CONDITIONING & HEATING, INC.**

Principal Place of Business

655 NEEDLE BOULEVARD  
 MERRITT ISLAND FL 32953

Mailing Address

655 NEEDLE BOULEVARD  
 MERRITT ISLAND FL 32953

2. Principal Place of Business

655 Needle Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Merritt Island

Suite, Apt. #, etc.

City & State

FLA

City & State

Zip

32953

Country

USA

Zip

Country

4. FEI Number

59-3561861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

IFFINGER, CURT R  
 655 NEEDLE BOULEVARD  
 MERRITT ISLAND FL 32953

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 \$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 **IFFINGER, CURT R**  
 STREET ADDRESS **655 NEEDLE BOULEVARD**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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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 **OLGA IFFINGER**  
 STREET ADDRESS **655 NEEDLE BLVD**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Change ☒ Addition  
 NAME **Russell FREED**  
 STREET ADDRESS **2535 Westminister Dr**  
 CITY-ST-ZIP **Corona FL 32926**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00 321-853-3778

Date

Daytime Phone #

CR2E034 (5/00)