

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90004 046 \*\*\*150.00

**DOCUMENT # P99000054942**

1. Entity Name

**ALL BAY CONTRACTORS AIR CONDITIONING & HEATING,**

Principal Place of Business

Mailing Address

9420 LAZY LANE  
TAMPA FL 33614

P.O. BOX 271132  
TAMPA FL 33688

2. Principal Place of Business

**2202 N. Howard Ave.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa FL**

City & State

4. FEI Number

**59-3579265**

Applied For

Not Applicable

Zip

**33607**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BANDEL, RICHARD**  
**15011 BARBY AVE.**  
**TAMPA FL 33625**

Name

**Richard Bandel**

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

**2202 N. Howard Ave.**

City

**Tampa**

FL

Zip Code

**33607**

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 **X**

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

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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 **P**  
NAME **BANDEL, RICHARD**  
STREET ADDRESS **2202 N. HOWARD AVE.**  
CITY-ST-ZIP **TAMPA FL 33807**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Richard Bandel - Sec.** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3802 Little Rd.**  
CITY-ST-ZIP **Lutz FL 33625**

TITLE **Patrick O'Hara - President** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **809 Ponce de Leon**  
CITY-ST-ZIP **Bellevue FL 33156**

TITLE **Juan Gonzalez - Treas.** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **16111 Belle Meade Blvd**  
CITY-ST-ZIP **Odessa FL 33556**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-27-01**

Date

**813) 961-1042**

Daytime Phone #

CR2E034 (10/00)