

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90481 041 \*\*\*150.00

**DOCUMENT #** P99 000065013

**1. Entity Name**  
Krommes Air Conditioning FMC. ✓

**Principal Place of Business** 1507 SE 37<sup>TH</sup> ST.  
CAPE CORAL, FL. 33904

**Mailing Address** 1507 SE 37<sup>TH</sup> ST  
CAPE CORAL FL  
33904-7122

A0049360

**2. Principal Place of Business**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65096 3340

☐ **Applied For**

☐ **Not Applicable**

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

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

Krommes, HAROLD W. III  
1507 SE 37<sup>TH</sup> ST  
CAPE CORAL FL. 33904

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

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

**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**

<b>TITLE</b> PRESIDENT	<input type="checkbox"/> Delete
<b>NAME</b> Krommes, HAROLD W. III	
<b>STREET ADDRESS</b> 1507 SE 37 <sup>TH</sup> ST	
<b>CITY-ST-ZIP</b> CAPE CORAL FL 33904	
<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>	
<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> VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> MARIO CACCAMO	
<b>STREET ADDRESS</b> 1507 SE 37 <sup>TH</sup> ST	
<b>CITY-ST-ZIP</b> CAPE CORAL FL 33904	
<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:** Harold W. Krommes III **Harold W. Krommes III** 4/7/01 (941) 549-1720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)