

DOCUMENT # P99000070852

1. Entity Name

NATIONAL HVAC ACCOUNTS, CORP.

3/2

FILED

Aug 14, 2000 8:00 am
Secretary of State

03-20-2000 90028 011 ***150.00

Principal Place of Business

Mailing Address

4411 15TH AVENUE NORTH
ST. PETERSBURG FL 33713POST OFFICE BOX 10128
ST. PETERSBURG FL 33733-0128

2. Principal Place of Business

3. Mailing Address

4411 15TH AVE. NO.
Suite, Apt. #, etc.P.O. BOX 10128
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

9-3590544

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip

Country

33713

US

Zip

Country

33733

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, SHARON L

4411 15TH AVENUE NORTH
ST. PETERSBURG FL 33713

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 reappointing)

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, 2000 Fee will be \$350.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☒ AdditionMAX PEREZ, JR.
4411 15 AVE. NO. ST. PETERSBURG,
FL 33713TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
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CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
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)(f), 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:

MAX PEREZ JR.

8-7-00/CEM/27-460-8547

Signature also typed or printed name of officer or director

Date

Daytime Phone #

CR2E034 (8/99)