

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070852

1. Entity Name

NATIONAL HVAC ACCOUNTS, CORP.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90019 004 \*\*\*150.00

Principal Place of Business

4411 15TH AVENUE NORTH  
ST. PETERSBURG FL 33713

Mailing Address

POST OFFICE BOX 10128  
ST. PETERSBURG FL 33733-0128

643897

2. Principal Place of Business

1725 MAPLE LEAF BLVD.

3. Mailing Address

P.O. BOX 1440

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OLDSMAR FL

City & State

OLDSMAR, FL

4. FEI Number

59-3590544

Applied For

Not Applicable

Zip

34677

Country

U.S.

Zip

34677

Country

U.S.

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

PEREZ, SHARON L  
4411 15TH AVENUE NORTH  
ST. PETERSBURG FL 33713

Name

PEREZ, SHARON L.

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

1725 MAPLE LEAF BLVD.

City

OLDSMAR

FL

Zip Code

34677

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PEREZ, MAX JR  
4411 15AVE NO ST  
SAINT PETERSBURG FL 33713 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1725 MAPLE LEAF BLVD.  
OLDSMAR FL 34677 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 01

Date

727-523-0297

Daytime Phone #

0424463

CR2E034 (10/00)