

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90028 012 ***150.00

DOCUMENT # P99000070852

1. Entity Name

NATIONAL HVAC ACCOUNTS, CORP.

Principal Place of Business

**1725 MAPLE LEAF BLVD
 OLDSMAR FL 34677**

Mailing Address

**P O BOX 1440
 OLDSMAR FL 34677**

2. Principal Place of Business

4574 14th AVE. NO.

3. Mailing Address

4574 14th AVE. NO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. PETERSBURG, FL

City & State

St. PETERSBURG, FL

Zip **33713**

Country **USA**

Zip **33713**

Country **USA**

4. FEI Number

59-3590544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, SHARON L
 1725 MAPLE LEAF BLVD
 OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

MARTHA PEREZ
 Street Address (P.O. Box Number is Not Acceptable)
4574 14th AVE. NO.

City

St. PETERSBURG

FL

Zip Code

33713

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

MARTHA PEREZ Registered Agent 4-25-02

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, 2002 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 <input type="checkbox"/> Delete
NAME	PEREZ, MAX JR
STREET ADDRESS	1725 MAPLE LEAF BLVD
CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	Registered Agent <input checked="" type="checkbox"/> Delete
NAME	SHARON L. PEREZ
STREET ADDRESS	1725 MAPLE LEAF BLVD.
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Registered Agent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA PEREZ
STREET ADDRESS	4574 14th AVE. NO.
CITY-ST-ZIP	St. PETERSBURG, FL 33713
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE

MARTHA PEREZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02 727-327-1291

CR2E034 (9/01)