

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91786 046 ***150.00

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DOCUMENT # P99000076962

1. Entity Name
JOHN D. O'CONNOR, SR. & SONS, COOL AIR OF OCALA, INC.



Principal Place of Business
**304 S. MAGNOLIA AVE
OCALA FL 34470**

Mailing Address
**P.O. BOX 3306
OCALA FL 34478**

11041655



2. Principal Place of Business

200 SW 8TH ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#C

City & State

OCALA, FL

City & State

City & State

Zip

34474

Country

Zip

Country

4. FEI Number

59-3595644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**O'CONNOR, JOHN D SR.
304 S. MAGNOLIA AVE
OCALA FL 34474**

7. Name and Address of New Registered Agent

Name

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

200 SW 8TH ST #C

City

OCALA

FL

Zip Code

34474

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John D. O'Connor, Sr.

JOHN D. O'CONNOR, SR. - PRESIDENT 4/30/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'CONNOR, JOHN D SR.
304 S. MAGNOLIA AVE
OCALA FL 34474**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**200 SW 8TH ST #C
OCALA, FL 34474**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John D. O'Connor, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. O'CONNOR, SR. 4/30/03 (352) 732-3592

Date

Daytime Phone #

CP2E034 (10/02)