

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

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

05-05-2003 91786 046 \*\*\*150.00

0574574 AV

**11041655**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business <i>200 SW 8<sup>TH</sup> ST</i>		3. Mailing Address			
Suite, Apt. #, etc. <i>HC</i>		Suite, Apt. #, etc.			
City & State <i>OCALA, FL</i>		City & State			
Zip <i>34474</i>	Country	Zip	Country		
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)  <i>200 SW 8<sup>TH</sup> ST HC</i> City <i>OCALA</i> FL <i>34474</i> 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <i>John D. O'Connor</i> 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					
9. 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> O'CONNOR, JOHN D SR. 304 S. MAGNOLIA AVE OCALA FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  <i>200 SW 8<sup>TH</sup> ST HC</i> OCALA, FL 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* REQUIRED

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 #

CR2E034 (10/02)