2000 UNIFORM BUSINESS REPORT (UBR)

AND TYPED OR PRINTED NAME OF SIGNI

DOCUMENT # **P99000083781** Apr 27, 2000 8:00 am Secretary of State COMPLETE AIR CONDITIONING, INC. 04-27-2000 90022 020 ***150.00 Principal Place of Business Mailing Address 115 N. 20TH STREET 115 N. 20TH STREET HAINES CITY FL 33844-4650 HAINES CITY FL 2. Principal Place of Business Mailing Address nore Loo. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADDISON, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 115 N. 20TH STREET HAINES CITY FL ed office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its register FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITI F TITLE Addison, Robert S. ADDISON, ROBERT S NAME NAME 115 N. 20TH STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP HAINES CITY FL 33844 ☐ Addition Delete TITLE NAME TATUM, RICKY A NAME STREET ADDRESS 115 N. 20TH STREET STREET ADDRESS 217-Shoke CITY-ST-ZIP CITY-ST-ZIP HAINES CITY FL 33844 ☐ Addition SD ☐ Delete TITLE 50 TITLE NAME O'BRIAN, KEVIN NAME O'BRIEN, STREET ADDRESS 115 N. 20TH STREET STREET ADDRESS CITY-ST-ZIP HAINES CITY FL 33844 CITY-ST-ZIP TD ☐ Addition ☐ Delete TITLE **NEWTON, ROY** NAME NAME 115 N. 20TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAINES CITY FL 33844 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.