

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
 03-21-2001 90059 015 ***150.00

DOCUMENT # P99000094475

1. Entity Name
POL-AIR HEATING & REFRIGERATION, INC.

Principal Place of Business
4735 RIVERWOOD CIRCLE
SARASOTA FL 34231

Mailing Address
PO BOX 1502
SARASOTA FL 34230

2. Principal Place of Business
2848 COVENTRY DRIVE

Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
SARASOTA, FLORIDA

Zip
34231

Country
U.S.A.

4. FEI Number **65-0096664**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SNYDER, MICHAEL O
4735 RIVERWOOD CIRCLE
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name
SNYDER, MICHAEL O.

Street Address (P.O. Box Number is Not Acceptable)
2848 COVENTRY DRIVE

City
SARASOTA

FL Zip Code
34231

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	SNYDER, MICHAEL O	4735 RIVERWOOD CIRCLE	SARASOTA FL 34231	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2848 COVENTRY DRIVE	SARASOTA, FLORIDA 34231	

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 lines empowered.

SIGNATURE: *Michael O. Snyder*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/00)