

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90485 031 ***150.00

DOCUMENT # P99000094475

1. Entity Name

POL-AIR HEATING & REFRIGERATION, INC.

Principal Place of Business

**2828 COUNTRY DR.
 SARASOTA FL 34231**

Mailing Address

**PO BOX 1502
 SARASOTA FL 34230**

00070263



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4754 PARNELL DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, FL

4. FEI Number

65-0096664

Applied For

Not Applicable

Zip

Country

Zip

Country

34232

5. Certificate of Status Desired

☐ - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SNYDER, MICHAEL O
 2828 COUNTRY DR.
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **Michael O. Snyder**

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

4754 PARNELL DRIVE

City

SARASOTA, FL

FL

Zip Code

34232

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, 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 **D** ☐ Delete
 NAME **SNYDER, MICHAEL O**
 STREET ADDRESS **2828 COUNTRY DR.**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Michael O. Snyder** ☒ Change ☐ Addition
 NAME **4754 PARNELL DR.**
 STREET ADDRESS **SARASOTA, FL, 34232**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 all other like empowered.

SIGNATURE:

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

4-10-02
 Date

Daytime Phone #

CR2E034 (9/01)