

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000100359

FILED  
Apr 05, 2003  
Secretary of State

**Entity Name:** TOTAL AIR CONDITIONING SERVICES, INC.

## Current Principal Place of Business:

1712 DOVEFIELD PLACE  
BRANDON, FL 33510

## New Principal Place of Business:

1712 DOVE FIELD PLACE  
BRANDON, FL 33510

## Current Mailing Address:

1712 DOVEFIELD PLACE  
BRANDON, FL 33510

## New Mailing Address:

1712 DOVE FIELD PLACE  
BRANDON, FL 33510

FEI Number: 59-3613544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, STEVEN L  
1712 DOVEFIELD PLACE  
BRANDON, FL 33510

## Name and Address of New Registered Agent:

WILSON, STEVEN L  
1712 DOVE FIELD PLACE  
BRANDON, FL 33510

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: STEVEN L WILSON

04/05/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILSON, STEVEN L  
Address: 1712 DOVEFIELD PLACE  
City-St-Zip: BRANDON, FL 33510

Title: D ( ) Delete  
Name: WILSON, STARLA D  
Address: 1712 DOVEFIELD PLACE  
City-St-Zip: BRANDON, FL 33510

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILSON, STEVEN L  
Address: 1712 DOVE FIELD PLACE  
City-St-Zip: BRANDON, FL 33510

Title: D (X) Change ( ) Addition  
Name: WILSON, STARLA D  
Address: 1712 DOVE FIELD PLACE  
City-St-Zip: BRANDON, FL 33510

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN L WILSON

D

04/05/2003

Electronic Signature of Signing Officer or Director

Date