

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000110450

FILED  
May 20, 2003  
Secretary of State

**Entity Name:** AIR CARE AIR CONDITIONING & HEATING, INC.

**Current Principal Place of Business:**

1719 BARROW STREET  
DELTONA, FL 327259602

**New Principal Place of Business:**

**Current Mailing Address:**

1719 BARROW STREET  
DELTONA, FL 327259602

**New Mailing Address:**

**FEI Number:** 59-3615030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** WILLIAMS, RALPH A  
**Address:** 1719 BARROW STREET  
**City-St-Zip:** DELTONA, FL 327259602

**Title:** STD ( ) Delete  
**Name:** WILLIAMS, TERESA A  
**Address:** 1719 BARROW STREET  
**City-St-Zip:** DELTONA, FL 327259602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** TERESA A. WILLIAMS

STD

05/20/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date