

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19778

1. Entity Name

CROSSLEY AIRCONDITIONING & HEATING INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90373 017 ***150.00

Principal Place of Business

1778 GALVEZ DR
GULF BREEZE FL 32561
US

Mailing Address

2701 GULF BREEZE PKWY
BUILDING 2
GULF BREEZE FL 32561-3047
US

2. Principal Place of Business

3. Mailing Address

2701 Gulf Breeze Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gulf Breeze FL

Zip

Zip

32561

Country

USA

4. FEI Number

59-3041792

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROSSLEY, DAVID W.
1778 GLAVEZ DR.
GULF BREEZE FL

Name

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

City

FL

Zip Code

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

David W. Crossley David W. Crossley

4-21-00

Signature, typed or printed name of registered agent and fee 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPV	<input type="checkbox"/> Delete
NAME	CROSSLEY, DAVID W.	
STREET ADDRESS	1778 GALVEZ DR.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.

SIGNATURE:

David W. Crossley David W. Crossley

Date

Daytime Phone #

4-21-00 850 932-4107