

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90084 047 ***150.00

DOCUMENT # S26777

1. Entity Name *

WEATHERMAKERS AIR CONDITIONING & HEATING, INC.

Principal Place of Business

4261-- 112TH TERRACE
CLEARWATER FL 34622

Mailing Address

4261-- 112TH TERRACE
CLEARWATER FL 34622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3048702**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHARLES V. CAHALL
1821 ROYAL OAK PLACE E
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name **Charles V. Cahall**
Street Address (P.O. Box Number is Not Acceptable)
4261-- 112th Terrace North
City **Clearwater** **FL** Zip Code **33762**

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

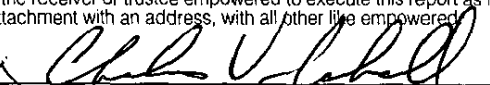
11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CAHALL, CHARLES V**
STREET ADDRESS **4261-- 112TH TERRACE**
CITY-ST-ZIP **CLEARWATER FL 34622**TITLE **VP** ☐ Delete
NAME **FISHER, JOHN H**
STREET ADDRESS **4261-- 112TH TERRACE**
CITY-ST-ZIP **CLEARWATER FL 34622**TITLE **S/T** ☐ Delete
NAME **CAHALL, PAMELA J**
STREET ADDRESS **4261-- 112TH TERRACE**
CITY-ST-ZIP **CLEARWATER FL 34622**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-01 727-576-9211

Date

Daytime Phone #

CR2E034 (10/00)