

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90321 003 ***150.00

DOCUMENT # S39407

1. Entity Name

C & L AIR CONDITIONING AND REFRIGERATION, INC.

Principal Place of Business

1620 51ST STREET SOUTH #5
GULFPORT FL 33707

Mailing Address

1620 51ST STREET SOUTH #5
GULFPORT FL 33707

2. Principal Place of Business

4907 NEWTON AVE. S.

Suite, Apt. #, etc.

3. Mailing Address

4907 NEWTON AVE. S.

Suite, Apt. #, etc.

City & State

Gulfport FL

City & State

Gulfport FL

Zip

33707

Country

USA

Zip

33707

Country

USA

4. FEI Number

59-3066500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEASURE, CHARLES H.
1620 51ST STREET SOUTH
#5
GULFPORT FL 33707**

7. Name and Address of New Registered Agent

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

Eileen K. Leasure (Sec. Treas.)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/01

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LEASURE, CHARLES H**
STREET ADDRESS **1636 ANASTASIA WAY SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **STD** ☐ Delete
NAME **LEASURE, EILEEN K**
STREET ADDRESS **1636 ANASTASIA WAY SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **VP** ☐ Delete
NAME **IMAMURA, MITCHELL C.**
STREET ADDRESS **4245-3 AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Eileen K. Leasure (EILEEN K. LEASURE)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01

DATE

Daytime Phone #

727-321-2208

CR2E034 (10/00)