## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$64758** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name ROGER BLAND AIR CONDITIONING & HEATING, INC. 04-20-2000 90098 014 \*\*\*158.75 Principal Place of Business Mailing Address P.O. BOX 332 3007 KING JOHN PL. VALRICO FL 33595-0332 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3080311 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLAND, ROGER E. Street Address (P.O. Box Number is Not Acceptable) 3007 KING JOHN PL. SEFFNER FL 33584 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition THILE ☐ Delete TITLE BLAND, ROGER E NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 323 N/A CITY-ST-7IP CITY-ST-ZIP VALRICO FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE □ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Changed, bright attachment with all address, with all other like compowers

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4-14-00

(813 685 8989)

Change

Addition

Daytime Phone #