2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S94686

1. Entity Name
HUB AIR CONDITIONING & REFRIGERATION, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State
02-02-2001 90303 029 ***150.00

Principal Place of Business
12207 CORTEZ RD W.
CORTEZ FL 34215
US

Mailing Address
P. O. BOX 518
CORTEZ FL 34215

H00100672

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4411 124 ST W
Suite, Apt. #, etc.:
City & State: CORTEZ FL
Zip: 34215
Country: USA

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

4. FEI Number 65-0297949 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BUNNELL, DORIS A.
608 15TH ST W.
BRADENTON FL 34205

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 _____
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 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	PS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PAPPAS, NICHOLAS JR.	NAME	
STREET ADDRESS	2004 78 ST NW	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	CITY-ST-ZIP	
TITLE	VT ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	PAPPAS, SUSAN	NAME	
STREET ADDRESS	2004 78 ST NW	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: NICHOLAS PAPPAS JR 1-29-01 941 778 6995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #