

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90233 022 ***150.00

DOCUMENT # S98688

1. Entity Name

AIR CONDITION DOCTOR, INC.

Principal Place of Business

**17860 116TH TERRACE
JUPITER FL 33478**

Mailing Address

**17860 116TH TERRACE
JUPITER FL 33478**

2. Principal Place of Business

17860 - 116th St NO.

3. Mailing Address

17860 - 116th St. NO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER FL 33478 FI

City & State

JUPITER FL

Zip

Country

Zip

Country

4. FEI Number

65-0301737

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WATTS, TANISHA
17860 116TH TERRACE
JUPITER FL 33478**

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, 2002 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 ☐ Delete

**PD
WATTS, HOMER
17860 116TH TERRACE
JUPITER FL**

TITLE ☐ Delete

**T
WATTS, MARY
17860 - 116TH TER N.
JUPITER FL**

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

TITLE
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOMER WATTS

01-09-2002 561-746-1428

Date Daytime Phone #

CR2E034 (9/01)