

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V09325**

1. Entity Name  
**GORDON AIR CONDITIONING AND ASSOCIATES, INC.**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90096 005 \*\*\*150.00

Principal Place of Business <b>3182 E JAMES LEE BLVD. CRESTVIEW FL 32539 US</b>	Mailing Address <b>P.O. BOX 1758 CRESTVIEW FL 32536-7758 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3101585</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**  
**GORDON, BRADY**  
**3182 E. JAMES LEE BLVD.**  
**CRESTVIEW FL 32539**

**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 \_\_\_\_\_ (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, 2000 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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>GORDON, BRADY</b>	
STREET ADDRESS <b>3182 E JAMES LEE BLVD</b>	
CITY-ST-ZIP <b>CRESTVIEW FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>GORDON, EDNA L.</b>	
STREET ADDRESS <b>3182 E. JAMES LEE BLVD.</b>	
CITY-ST-ZIP <b>CRESTVIEW FL</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete
NAME <b>GORDON, PATRICIA L.</b>	
STREET ADDRESS <b>3182 E. JAMES LEE BLVD.</b>	
CITY-ST-ZIP <b>CRESTVIEW FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Patricia L. Gordon Patricia L. Gordon **4-13-00** **(850) 682-5509**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)