

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90042 034 ***150.00

DOCUMENT # V17253

1. Entity Name
TECH-AIR OF THE PALM BEACHES, INC.

Principal Place of Business
2700 NORMAN RD
WEST PALM BEACH FL 33409
US

Mailing Address
2700 NORMAN RD
WEST PALM BEACH FL 33409
US

2. Principal Place of Business
2414 CHEROKEE AVE
 Suite, Apt. #, etc.

3. Mailing Address
2414 CHEROKEE AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WEST Palm Bch, FL
 Zip
33409
 Country
USA

City & State
WPS, FL
 Zip
33409
 Country
USA

4. FEI Number **65-0315108**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROSE, WILLIAM H
2700 NORMAN DR
W PALM BCH FL 33409

7. Name and Address of New Registered Agent

Name **William H. Rose**

Street Address (P.O. Box Number is Not Acceptable)

2414 CHEROKEE AVE

City **WEST Palm Bch**

FL

Zip Code
33409

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 **William H. Rose**

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

TITLE **DP** ☐ Delete
 NAME **ROSE, WILLIAM H IV**
 STREET ADDRESS **2700 NORMAN DR**
 CITY-ST-ZIP **W PALM BCH FL**

TITLE **VST** ☐ Delete
 NAME **ROSE, HENRY H**
 STREET ADDRESS **2700 NORMAN DR**
 CITY-ST-ZIP **W PALM BCH FL**

TITLE **D** ☒ Delete
 NAME **HARTSOCK, JAY**
 STREET ADDRESS **2700 NORMAN DR**
 CITY-ST-ZIP **W PALM BCH FL**

TITLE **VT** ☐ Delete
 NAME **ROSE, GLORIA**
 STREET ADDRESS **2700 NORMAN DR**
 CITY-ST-ZIP **WPS FL 33489**

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 **2414 CHEROKEE AVE**
 CITY-ST-ZIP **W. Palm Bch FL 33409**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2414 CHEROKEE AVE**
 CITY-ST-ZIP **WPS, FL 33409**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2414 CHEROKEE AVE**
 CITY-ST-ZIP **W Palm Bch FL**

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01 (561) 686-3183

Date

Daytime Phone #

CR2E034 (10/00)