

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V19015

1. Entity Name

PRESTIGE AIR CONDITIONING SYSTEMS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90161 003 ***150.00

Principal Place of Business

Mailing Address

510 BUSINESS PKWY
STE A
ROYAL PALM BCH FL 33411
US

510 BUSINESS PKWY
STE A
ROYAL PALM BCH FL 33411
US

2. Principal Place of Business
2610 RIDGEWAY AVE.

3. Mailing Address
2610 RIDGEWAY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BCH, FL.

City & State
WEST PALM BEACH, FL.

Zip
33401

Country
US

Zip
33401

Country
US

4. FEI Number 65-0313061

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAHN, PAUL
1445 NORTHAMPTON TERRACE
WEST PALM BEACH FL 33414

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS JAHN, PAUL
CITY-ST-ZIP 1445 NORTHAMPTON TERRACE
W. PALM BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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

Date

Daytime Phone #

CR2E034 (9/99)