

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31049

1. Entity Name

SERVICE MASTERS AIR CONDITIONING-HEATING-APPLIAN

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90222 040 ***158.75

Principal Place of Business

13116 HEXAM RD.
BROOKSVILLE FL 34613
US

Mailing Address

P. O. BOX 5798
SPRING HILL FL 34611-5798
US

2. Principal Place of Business

13600 LINDEN DR.

Suite, Apt. #, etc.

Spring Hill, FL

City & State

3. Mailing Address

S. AMÉ

Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3121529

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

34609

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNBEHAGEN, ROGER
PADGETT BUS SERVICES
45 TARPON SPRINGS AVE
TARPON SPRINGS FL 34689

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 P
NAME FREDERICK, MARYANN
STREET ADDRESS 13116 HEXAM RD.
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

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

TITLE V
NAME FREDERICK, STEVE
STREET ADDRESS 13116 HEXAM RD.
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

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

TITLE S
NAME FREDERICK, MARYANN
STREET ADDRESS 13116 HEXAM RD.
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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)