

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90265 021 ***150.00

DOCUMENT # V49398

1. Entity Name
ALL AIR MECHANICAL, INC.

Principal Place of Business

2078 WEAVER PARK DRIVE
 CLEARWATER FL 33765
 US

Mailing Address

2078 WEAVER PARK DRIVE
 CLEARWATER FL 33765
 US

2. Principal Place of Business

1040 Kapp Drive
 Suite, Apt. #, etc.

3. Mailing Address

1040 Kapp Drive
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number **59-3131828**

Applied For
 Not Applicable

Zip

Country

33765

Zip

Country

33765

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

6. Name and Address of Current Registered Agent

TREMBLAY, PETER J.
2078 WEAVER PARK DRIVE
CLEARWATER FL 33765

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, 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 **D** ☐ Delete
 NAME **TREMBLAY, PETER J.**
 STREET ADDRESS **2984 CLUBHOUSE DRIVE W.**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ Delete
 NAME **TREMBLAY, DEBORAH M.**
 STREET ADDRESS **2984 CLUBHOUSE DRIVE W.**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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: **Peter Tremblay**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 727 443 6100
 Date Daytime Phone #

CR2E034 (10/00)