

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90017 050 \*\*\*150.00

**DOCUMENT # V60924**

1. Entity Name

**AMERICAN AUTO AIR AND HEAT INC.**

Principal Place of Business

**1101 S.R. WEST 436  
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**1101 S.R. WEST 436  
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

**690 Semoran Blvd.  
Suite, Apt. #, etc.**

3. Mailing Address

**690 Semoran Blvd.  
Suite, Apt. #, etc.**

City & State

**Casselberry FLORIDA**

City & State

**Casselberry, FLORIDA**

4. FEI Number

**59-3143074**

Applied For

Not Applicable

Zip

**32707**

Country

**Seminole**

Zip

**32707**

Country

**Seminole**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KLIGOPOULOS, JAMES G.**

**1101 S.R. WEST 436 690 Semoran Blvd.  
ALTAMONTE SPRINGS FL 32714 Casselberry FL 32707**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PT KLIGOPOULOS, JAMES G 1101 SR W 436 ALTAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS KLIGOPOULOS, ANN A 1101 SRW 436 ALTAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T NIKOPoulos, CHRISTINA 624 EDEN PARK RD ALTAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>690 Semoran Blvd. Casselberry FL 32707</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>690 Semoran Blvd. Casselberry FL 32707</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

**4/15/02**

Date

**(407) 682-6683**

Daytime Phone #

CR2E034 (9/01)