

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64885

1. Entity Name

AIR SYSTEMS CENTRAL FLORIDA DIVISION, INC.

Principal Place of Business

Mailing Address

682 JACKSON AVENUE
WINTER PARK FL 32789
US

682 JACKSON AVENUE
WINTER PARK, FL 32789-4611
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3142435

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

TOBIN, JOHN MICHAEL
1307 SOUTH EOLA DRIVE
ORLANDO FL 32806

Name

TOBIN, JOHN MICHAEL

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

1252 VALLEY CREEK RUN

City

WINTER PARK,

FL

Zip Code

32792

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

John M. Tobin

John M. Tobin

1/10/00

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 TOBIN, JOHN MICHAEL ☐ Delete
STREET ADDRESS 1307 SOUTH EOLA DRIVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE P ☒ Change ☐ Addition
NAME TOBIN, JOHN MICHAEL
STREET ADDRESS 1252 VALLEY CREEK RUN
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

John M. Tobin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

(407) 629-6280

Daytime Phone #

C0005542



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)