

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 516686

1. Entity Name

BCH MECHANICAL, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90171 042 ***150.00

Principal Place of Business

6354 118TH AVENUE NORTH
LARGO FL 33773
US

Mailing Address

6354 118TH AVENUE NORTH
LARGO FL 33773-3728
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

59-1700073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUME, STEPHEN G.
6354 118TH AVENUE NORTH
LARGO FL 33773

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, 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

TITLE	VD	☐ Delete
NAME	BLUME, DARYL W	
STREET ADDRESS	7306 SAWGRASS POINT DRIVE	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	PD	☐ Delete
NAME	BLUME, STEPHEN G	
STREET ADDRESS	170 MARINA DEL REY COURT	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	TS	☐ Delete
NAME	DEMA, ANTHONY N	
STREET ADDRESS	7751 ARAIA WAY	
CITY-ST-ZIP	LARGO FL 33777	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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:

Anthony N. Dema
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 (727) 546-3561

Date

Daytime Phone #

Anthony N. Dema, Sec/Treasurer