

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90152 045 ***150.00

DOCUMENT # 516686

1. Entity Name
BCH MECHANICAL, INC.

Principal Place of Business

6354 118TH AVENUE NORTH
LARGO FL 33773
US

Mailing Address

6354 118TH AVENUE NORTH
LARGO FL 33773
US

2. Principal Place of Business
c/o D.E. Schwartz

Suite, Apt. #, etc.
702 North Franklin Street

City & State
Tampa, FL

Zip
33602

Country
US

3. Mailing Address

PO Box 111

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33601

Country
US



DO NOT WRITE IN THIS SPACE

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
McDevitt, S.M.

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

702 North Franklin Street

City
Tampa **FL** Zip Code
33602

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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 **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 **P** ☒ Change ☐ Addition

NAME
Blume, S.G.
STREET ADDRESS
702 North Franklin Street
CITY-ST-ZIP
Tampa, FL 33602

TITLE **V** ☒ Change ☐ Addition

NAME
Blume, D.W.
STREET ADDRESS
702 North Franklin Street
CITY-ST-ZIP
Tampa, FL 33602

TITLE **D** ☒ Change ☐ Addition

NAME
Cantrell, W.N.
STREET ADDRESS
702 North Franklin Street
CITY-ST-ZIP
Tampa, FL 33602

TITLE **D** ☐ Change ☒ Addition

NAME
Eustace, R.K.
STREET ADDRESS
702 North Franklin Street
CITY-ST-ZIP
Tampa, FL 33602

TITLE **TD** ☐ Change ☒ Addition

NAME
Gillette, G.L.
STREET ADDRESS
702 North Franklin Street
CITY-ST-ZIP
Tampa, FL 33602

TITLE **S** ☐ Change ☒ Addition

NAME
Schwartz, D.E.
STREET ADDRESS
702 North Franklin Street
CITY-ST-ZIP
Tampa, FL 33602

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. E. Schwartz

4-27-01

(813) 228-1808

Date

Daytime Phone #

CR2E034 (10/00)