05-16-2002 90050 010 ***150.00

DO NOT WRITE IN THIS SPACE

516686

DOCUMENT # 1. Entity Name

BCH MECHANICAL, INC.

Principal Place of Business

702 NORTH FRANKLIN STREET

TAMPA FL 33602

Principal Place of Business

c/o D.E. Schwar Suite, Apt. #, etc.

City & State

MCDEVITT, SHEILA M

(See criteria on back)

TAMPA FL 33602

Zip Country

702 NORTH FRANKLIN STREET

6. Name and Address of Current Registered Agent

Zip

Mailing Address

TAMPA FL 33602

3. Mailing Address

6 D.E.

 $x_{0}\mathcal{Q}$.0.

City & State

Tam Da

Suite, Apt. #, etc

702 NORTH FRANKLIN STREET

Country

4. FEI Number

59-1700073

5. Certificate of Status Desired

Fee Required

7. Name and Address of New Registered Agent

Name

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

City

(NOTE: Registered Agent signature required when reinstating)

Zip Code

\$8.75 Additional

٠.	The above named entity submits this statement for the purpose of	f changing	its registered	office or registered	d agent, c	or both, in	the State	of Florida

SIGNATURE

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

strucuroc

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition BLUME, DARYL W NAME NAME STREET ADDRESS 702 NORTH FRANKLIN STREET STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP ☐ Delete THE ☐ Change ☐ Addition BLUME, STEPHEN G NAME 702 NORTH FRANKLIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CANTRELL, W. N. NAME STREET ADDRESS 702 NORTH FRANKLIN STREET STREET ADDRESS CITY-ST-7IP **TAMPA FL 33602** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition EUSTACE, R. K. NAME NAME STREET ADDRESS 702 NORTH FRANKLIN STREET STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP TD TITLE ☐ Delete Change Addition GILLETTE, G. L. NAME 702 NORTH FRANKLIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition SCHWARTZ, D.E. NAME 702 NORTH FRANKLIN STREET STREET ADDRESS STREET ADDRESS TAMPA FL 33602 CITY-ST-ZIP 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:

CR2E034 (9/01)