

# 2001, UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F19728

1. Entity Name  
M.G. MECHANICAL CONTRACTORS, INC.

Principal Place of Business  
RT 13 BOX 418  
LAKE CITY FL 32055  
US

Mailing Address  
P O BOX 1116  
LAKE CITY FL 32056-1116  
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRY M. KELLY  
RT 13 BOX 418  
LAKE CITY FL 32055

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, 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          | D                  | <input type="checkbox"/> Delete |
| NAME           | KELLY, JAMES R     |                                 |
| STREET ADDRESS | RT. 13 BOX 413     |                                 |
| CITY-ST-ZIP    | LAKE CITY FL       |                                 |
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | KELLY, JACK S      |                                 |
| STREET ADDRESS | RT 13 BOX 418      |                                 |
| CITY-ST-ZIP    | LAKE CITY FL       |                                 |
| TITLE          | PD                 | <input type="checkbox"/> Delete |
| NAME           | KELLY, TERRY M     |                                 |
| STREET ADDRESS | RT 13 BOX 418      |                                 |
| CITY-ST-ZIP    | LAKE CITY FL       |                                 |
| TITLE          | VP                 | <input type="checkbox"/> Delete |
| NAME           | KELLY, CARMELITA   |                                 |
| STREET ADDRESS | RT. 13 BOX 413     |                                 |
| CITY-ST-ZIP    | LAKE CITY FL 32055 |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90192 009 \*\*\*150.00

974292



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2131689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

0448659

CR2E034 (10/00)