

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90080 031 ***150.00

DOCUMENT # P94000044010



1. Entity Name
BURGOS MECHANICAL CORP., INC.

Principal Place of Business
**2050 FORSYTH
C
ORLANDO FL 32819**

Mailing Address
**2050 FORSYTH
C
ORLANDO FL 32819**



2. Principal Place of Business

2050 Forsyth

3. Mailing Address

2050 Forsyth

Ⓢuite Apt. #, etc.

C

Ⓢuite Apt. #, etc.

011 C

City & State

Orl. FL

City & State

Orl. FL

4. FEI Number **59-3245885**

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip **32809**

Country **U.S.A.**

Zip **32809**

Country **U.S.A.**

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

**BURGOS, CARLOS
7805 CLUB HOUSE ESTATES DR
ORLANDO FL 32819**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carl J. Burgos*
Signature, typed or printed name of registered agent and title if applicable.

President
(NOTE: Registered Agent signature required when reinstating)

01/06/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	BURGOS, CARLOS
STREET ADDRESS	7805 CLUB HOUSE ESTATES DR
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carl J. Burgos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President *01/06/03* *(407) 673-3636*
Date Daytime Phone #

CR2E034 (10/02)