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Jan 15, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

P97000045603 **Secretary of State** 01-15-2002 90023 010 ***150.00 BLUELINE MECHANICAL, INC. Principal Place of Business Mailing Address 13757 49TH ST. N. 7A 13757 49TH ST. N. 7A CLEARWATER FL 33762 CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3447851 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANARO, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 12895 110TH AVE N LARGO FL 33774 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME PANARO. STEPHEN L NAME 12895 110TH AVE N STREET ADDRESS CR2E034 STREET ADDRESS CHY-ST-ZIP **LARGO FL 33774** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MILLER, CHARLES T NAME STREET ADDRESS STREET ADDRESS 1923 BOW CT CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 TITLE STD-☐ Delete TITI F ☐ Change ☐ Addition NAME PANARO, ANGELA C NAME STREET ADDRESS STREET ADDRESS 12895 110TH AVE N CITY-ST-ZIP **LARGO FL 33774** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 attachmyed with an address, with all other like transpowered.