

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90640 049 ***150.00

DOCUMENT # 240122

1. Entity Name
FLORIDA MECHANICAL, INC.



Principal Place of Business
1221 INDIANA AVE.
WINTER PARK FL 32789

Mailing Address
1221 INDIANA AVE.
WINTER PARK FL 32789

2. Principal Place of Business
5600 Carder Road

3. Mailing Address
5600 Carder Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number **59-0976501**

Applied For
Not Applicable

Zip **32810** **Country** **USA**

Zip **32810** **Country** **USA**

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

PHEGLEY, MICHAEL T.
6037 FEATHER LANE
SANFORD FL 32771

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **C** ☒ **Delete**
NAME **HARPER, GEORGE**
STREET ADDRESS **2403 EUSTON RD**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ **Delete**
NAME **PHEGLEY, MICHAEL**
STREET ADDRESS **6037 FEATHER LANE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **P/D/T** ☐ **Change** ☒ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ **Delete**
NAME **PHEGLEY, CHARLEEN**
STREET ADDRESS **6037 FEAATHER LANE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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)(l), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL T. PHEGLEY

4/15/03

Date

Daytime Phone #

467-445-

2433

CR2E034 (10/02)