

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 331832

1. Entity Name
FLORIDA MECHANICAL SYSTEMS, INC.



FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90236 001 ***450.00

Principal Place of Business
2516 EDISON AVENUE
JACKSONVILLE FL 32204

Mailing Address
2516 EDISON AVENUE
JACKSONVILLE FL 32204

2. Principal Place of Business

526 Stockton ST
Suite, Apt. #, etc.

3. Mailing Address

526 Stockton ST
Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32204

Country

DUAL

Zip

32204

Country

DUAL

4. FEI Number

59-1212797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GAY, W. W.
524 STOCKTON STREET
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME GAY, WILLIAM W
STREET ADDRESS 5809 CEDAR OAKS DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ST ☐ Delete
NAME LEE, KATHRYN
STREET ADDRESS 3538 EDGEWATER DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME GAY, ROBERT D.
STREET ADDRESS 2429 CEDAR SHORES CIRCLE
CITY-ST-ZIP JACKSONVILLE FL

TITLE P ☐ Delete
NAME PAINTER, ROGER W
STREET ADDRESS 7906 HOLIDAY ROAD SOUTH
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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)(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

Date

904-394.7234

Daytime Phone #

CR2E034 (10/02)