

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 444175

1. Entity Name
MECHANICAL SERVICES OF ORLANDO, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90069 014 ***150.00

Principal Place of Business
9440 SIDNEY HAYES RD
ORLANDO FL 32824

Mailing Address
3 GREENWAY PLAZA
SUITE 2000
HOUSTON TX 77046



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-1517736
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P DILLARD, WILLIAM M. 9440 SIDNEY HAYES RD ORLANDO FL 32824 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	COO HORNE, BERNARD B. 9440 SIDNEY HAYES RD ORLANDO FL 32824 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP PARSONS, ROBERT 9440 SIDNEY HAYES RD ORLANDO FL 32824 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	AS DILLARD, DEBORAH K 9440 SIDNEY HAYES RD ORLANDO FL 32824 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VS BRYANT, RANDOLPH W 8 GREENWAY PLAZA, SUITE 1500 ORLANDO FL 32824 <input checked="" type="checkbox"/> Delete	TITLE	Vice President and Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Gray H. Muzzey
STREET ADDRESS		STREET ADDRESS	3 Greenway Plaza, Suite 2000
CITY-ST-ZIP		CITY-ST-ZIP	Houston, Tx 77046
TITLE	V KIPP, DANIEL W 8 GREENWAY PLAZA, SUITE 1500 ORLANDO FL 32824 <input checked="" type="checkbox"/> Delete	TITLE	Vice President and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Daniel W. Kipp
STREET ADDRESS		STREET ADDRESS	3 Greenway Plaza, Suite 2000
CITY-ST-ZIP		CITY-ST-ZIP	Houston, Tx 77046

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

JOHN A. HALE

3/6/01

Date

713-860-0100

Daytime Phone #

CR2E034 (10/00)