## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) May 02, 2000 8:00 am Secretary of State **DOMENT # 755443** 05-02-2000 90095 014 \*\*\*\*61.25 LORIDA BOILER CONTRACTORS ASSOCIATION, INC. Mailing Address =inal Place of Business Col. P.O. BOX 1164 ENGER ST. JACKSONVILLE FL 32201-1164 ASCINION F FL 32206 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2890263 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) griffin, donald e 1721 EGNER ST. JACKSONVILLE FL 32206 Zip Code City FL 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. **IGNATURE** (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. (66/6)☐ Addition ☐ Change PD ☐ Delete TITLE TI F GRIFFIN, DONALD E NAME ME STREET ADDRESS REET ADDRESS PO BOX 1164 N/A TY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 0 Change \_\_\_ Addition. ☐ Delete TLE. ARNOLD, JEWEL MF STREET ADDRESS TREET ADDRESS 10526 RUNNING OAK COURT CITY-ST-ZIP TY-ST-ZIP Jacksonville fl ☐ Addition ☐ Change Delete NAME CLOUD, ALMA AME STREET ADDRESS 10530 RUNNING OAK CT. TREET ADDRESS CITY-ST-ZIP TY-ST-ZIP Jacksonville Fl ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP Change Addition TITLE Delete NAME STREET ADDRESS FREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP Change ☐ Addition Delete TITLE NAME

2. 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 617, 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

TREET ADDRESS

Toward Experse

4-27-00 904-359-028