

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90984 025 ***150.00

DOCUMENT # 833875

1. Entity Name

ASSOCIATED MECHANICAL CONTRACTORS, INC.

Principal Place of Business

Mailing Address

**248 S. LEWIS STREET
P.O. BOX 70455
MONTGOMERY AL 36107-0455**

**248 S. LEWIS STREET
P.O. BOX 70455
MONTGOMERY AL 36107-0455**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-0359049**

Applied For
Not Applicable

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

**ANCHORS, C. LEDON
92 EGLIN PARKWAY
FORT WALTON BCH FL 32548**

Name **Tim Graydon**

Street Address (P.O. Box Number is Not Acceptable)
5625 Dixie Dr. Ste. 13

City **Pensacola**

FL

Zip Code
32503

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 **Tim Graydon**

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

(NOTE: Registered Agent signature required when reinstating)

4/16/01
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 **ST** ☐ Delete
NAME **DUNCAN, LORENZO O.**
STREET ADDRESS **RT 2 BOX 122**
CITY-ST-ZIP **RAMER AL**

TITLE **V** ☒ Delete
NAME **CAMPBELL, CLAYTON L.**
STREET ADDRESS **RT 2 BOX 4**
CITY-ST-ZIP **MCKENZIE AL**

TITLE **P** ☐ Delete
NAME **ADAMS, EVAN P.**
STREET ADDRESS **612 HAGGERTY RD**
CITY-ST-ZIP **WETUMPKA AL**

TITLE **V** ☐ Delete
NAME **WILLIAMS, WILLIAM P., III**
STREET ADDRESS **4449 CHRYSTAN RD**
CITY-ST-ZIP **MONTGOMERY AL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evan P. Adams, President

4/27/01

Date

(334) 264-2263

Daytime Phone #

CR2E034 (10/00)