

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90045 043 ***150.00

DOCUMENT # 840307

1. Entity Name
AZCO, INC.



Principal Place of Business
% EMCOR GROUP, INC.
101 MERRITT SEVEN, 7TH FLOOR
NORWALK CT 06851

Mailing Address
% EMCOR GROUP, INC.
101 MERRITT SEVEN, 7TH FLOOR
NORWALK CT 06851



2. Principal Place of Business
c/o EMCOR Group, Inc.
Suite, Apt. #, etc.
301 Merritt Seven, 6th Flr

3. Mailing Address
c/o EMCOR Group, Inc.
Suite, Apt. #, etc.
301 Merritt Seven, 6th Flr

City & State
Norwalk, CT 06851

City & State
Norwalk, CT 06851

4. FEI Number **11-2167101**

Applied For
Not Applicable

Zip Country
US

Zip Country
US

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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	VPD	<input type="checkbox"/> Delete
NAME	MATZ, KEVIN R	
STREET ADDRESS	% EMCOR GROUP, INC. 101 MERRITT SEVEN,	
CITY-ST-ZIP	NORWALK CT 06851	
TITLE	S	<input type="checkbox"/> Delete
NAME	DONELAN, FRANK	
STREET ADDRESS	% EMCOR GROUP, INC. 101 MERRITT SEVEN,	
CITY-ST-ZIP	NORWALK CT 06851	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. Kevin Matz	
STREET ADDRESS	c/o EMCOR Group, Inc., 301 Merritt Seven	
CITY-ST-ZIP	Norwalk, CT 06851	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Donelan	
STREET ADDRESS	c/o EMCOR Group, Inc., 301 Merritt Seven	
CITY-ST-ZIP	Norwalk, CT 06851	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **R. Kevin Matz** 1/15/03, (203)849-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)