2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P O BOX 5443

MOBILE AL 36605

DOCUMENT # 849085

1. Entity Name

Principal Place of Business

3750 HALLS MILL ROAD

MOBILE AL 36693

MECHANICAL PIPING CONTRACTORS, INC.

FILED Apr 28, 2003 8:00 am Secretary of State ,

04-28-2003 91378 026 ***150.00

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2. Principal F	Place of Business	3. Mailir	3. Mailing Address							I DIJIH BADU IDBA	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Stat	e	City &	City & State			4. FEI Number 63-0698050				Applied For Not Applicable	
Zip	Country	Zip	Zip C		Country 5.		ate of Status Desired		\$8.75 A	dditional	
	6. Name and Address of Curre	nt Registered	'Agent =	نب≃ ≃ن	= · 7.	Name a	nd Address of New Reg	istered /	gent		
				Name							
NIXON, TARY L.					Street Address (BO, Boy Number in Not Assessfully)						
224 E. INTENDENCIA ST.					Street Address (P.O. Box Number is Not Acceptable)						
PENSACO	DLA FL 32501										
, = 1.01.00= 1.12					City FL Zip Code						
9 The shows	named entity submits this statement	t for the nurne	an of observing its re	anistored office o	r raniatorad a	and or l	anth in the State of Florid		amiliar with	a and accept	
	thanjed entry submits this statement tions of registered agent.	norme purpo:	se or changing its re	agistered office of	registered at	geni, on i	ootii, iii tile otate oi rionu	a. raini	allilliai wili	i, and accept	
_											
SIGNATURE .	Signature, typed or printed name of registered agr	ant and title if applie	able /NOTE	Registered Agent signat	uro roquirad whon	roinstating)		DATE			
	Signatura, typed or primed hame or registered agr	ent and other applic	able. (NOTE. F	negistereo Agent signat	are required when	Temstating)					
	ILE NOW!!! FEE IS \$150.00					9.	Election Campaign Finan	cina	\$ 5	00 May Be	
	r May 1, 2003 Fee will be \$550.0						Trust Fund Contribution.			ed to Fees	
Make Check	c Payable to Florida Department										
10.		ID DIRECTOR	S	11.	·	MOITIDE	IS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 11	
TITLE	P		■ Delete	TITLE	P				Change	Addition	
NAME	JONES, J. R., III			NAME	Charle	s M.	Greene				
STREET ADDRESS	2105 RYEGATE COURT			STREET ADDRESS	3750 H	alls	Mill Road				
CITY-ST-ZIP	MOBILE AL			CITY-ST-ZIP	Mobile	,_AL	36693				
TITLE	S		Delete	TITLE	S				Change	₩ Addition	
NAME	JONES, ELAINE K.			NAME			Greene			i	
STREET ADDRESS	2105 RYEGATE COURT			STREET ADDRESS	3750 н	a11s	Mill Road			Ì	
CITY-ST-ZIP	MOBILE AL			CITY-ST-ZIP	Mobile	, AL	36693				
TITLE			Delete	TITLE		· - ·			☐ Change	Addition	
NAME				NAME							
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP							
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NAME STREET ADDRESS				NAME STREET ADDRESS						(
CITY-ST-ZIP				CITY-ST-ZIP							
											
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	
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			D balais	1					Change	☐ Addition	
TITLE NAME			☐ Delete	TITLE NAME					☐ Change		
STREET ADDRESS				STREET ADDRESS							
CITY ST. 7IP				CITY-ST-7IP							

12. Thereby 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:

SNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTO

DECUTED Charles M. Greene President

E OF SIGNING OFFICER OR DIRECTOR

Date

4/24/03 251-666-14\$0

Daytime Phone #

CR2E034 (10/0)