

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 855034

1. Entity Name

SUPERIOR MECHANICAL, INC. OF ALABAMA

FILED
09/11/00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 12 PM 2:24

Principal Place of Business

3700 5TH CT. N.
POST OFFICE BOX 11662
BIRMINGHAM AL 35202-1662

Mailing Address

3700 5TH CT. N.
POST OFFICE BOX 11662
BIRMINGHAM AL 35202-1662

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

63-0829605

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMSAY, ROBERT M.
7515 GULF BLVD.
NAVARRE BEACH FL 32561

7. Name and Address of New Registered Agent

Name RICHARD H. DRENNEN

Street Address (P.O. Box Number is Not Acceptable)

931 MIRACLE

City

MARY ESTHER

FL

Zip Code

32569

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

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

(NOTE: Registered Agent signature required when reinstating)

9.7.00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RAMSAY, ROBERT M.	
STREET ADDRESS	3700 5TH COURT N.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAMSAY, ERSKINE, II	
STREET ADDRESS	3700 5TH COURT N.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DRENNEN, RICHARD H.	
STREET ADDRESS	3700 FIFTH COURT N.	
CITY-ST-ZIP	BIRMINGHAM, AL 35222	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900003401109--9	
STREET ADDRESS	-09/22/00--01002--003	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE	CHIEF EXECUTIVE OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	DRENNEN, RICHARD H.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	3700 FIFTH COURT NORTH BIRMINGHAM, AL 35222	
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		

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:

Richard H. Drennen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9.7.00 205.591.4700
Daytime Phone #

CR2E034 (5/00)

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855034

SUPERIOR MECHANICAL, INC.

Post Office Box 11662
Birmingham, Alabama 35202
T 205.591.4700
F 205.591.4702

VIA REGULAR MAIL

September 7, 2000

Ms. Katherine Harris
Secretary Of State
Florida Department Of State
Division Of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Ms. Harris:

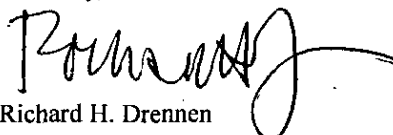
Enclosed is our completed Uniform Business Report, together with a \$150.00 fee. Records indicate that our report is delinquent, resulting in an additional fee of \$400. I do not dispute the delinquency, but write to request a waiver for the following reasons:

- As the new owner of the company, it was represented to me that we were inactive in Florida and therefore not required to file this report. No one on your staff made this assertion; it was an internal misunderstanding here.
- In receiving the Second Notice (which was the first time I have seen a request from your office), I called and learned from one of your associates that there is not an inactive status in Florida, as there is in other states in which we do business from time to time. As you can see from the attached receipt, it appears that my predecessors' claim was based on a different department's processing...Business and Professional Regulation versus the Division Of Corporations.
- In spite of this miscommunication, it would surprise me if Superior Mechanical has ever been delinquent with your office. In business for eighteen years, we go to great lengths to satisfy our obligations in a timely manner and have a reputation for doing so.

Even though we are currently not doing work in Florida, we desire to keep our licensure current. We will certainly honor whatever decision you make in this regard, but hope you will strongly consider the issues above in determining whether to assess us an additional \$400. As a small company, we really can't afford to absorb avoidable costs.

Thanks for your consideration and please feel free to call at the number above with any questions.

Sincerely,



Richard H. Drennen