

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 29 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001616

1. Entity Name

SOUTHEAST MECHANICAL CONTRACTORS OF TAMPA, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

200 SOUTH BISCAYNE

Suite, Apt. #, etc.

SUITE 4900

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33131

DUE BY MAY 1

4. FEI Number

05-1158295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
K Lawrence Gragg

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

200 S. Biscayne Blvd, Ste 4900

City

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

9. Capital Contributions
as Shown on record.

500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

500,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # P01000116829
NAME SOUTHEAST MECHANICAL CONTRACTOR
STREET ADDRESS 200 SOUTH BISCAYNE BLVD STE 4900
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS

CITY-ST-ZIP

100005505321--8

05/13/02-01016-015

****526.25 ****526.25

DOCUMENT # N/A
NAME N/A
STREET ADDRESS N/A
CITY-ST-ZIP N/A

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Elliot Stephen Scott

4-26-02

CR2E003B (12/01)