

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001616

1. Entity Name
SOUTHEAST MECHANICAL CONTRACTORS OF TAMPA, LTD.



FILED

03 APR 30 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
200 S. BISCAYNE BLVD.
SUITE 4900
MIAMI FL 33131

Mailing Address
200 S. BISCAYNE BLVD.
SUITE 4900
MIAMI FL 33131

2. Principal Place of Business
6702 BENJAMIN RD

3. Mailing Address
6702 BENJAMIN RD

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

DUE BY MAY 1, 2003

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number 65-1158295

Applied For
Not Applicable

Zip
33634

Country HILLSBORO

Zip
33634

Country HILLSBORO

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

GRAGG, K. LAWRENCE
GRAGG, WHITE & CASE LLP
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131

Name
ELLIOTT STEPHEN SCOTT

Street Address (P.O. Box Number is Not Acceptable)
34230 BANTON RD

City
Dade City

FL

Zip Code
33523

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 Elliott Stephen Scott Elliott Stephen Scott PRES.

4-7-03
DATE

9. Capital Contributions
as Shown on record. \$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 349,500.

11. MAKE CHECK PAYABLE TO FL. 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 CONTRACTORS OF TAMPA
STREET ADDRESS	200 S. BISCAYNE BLVD., STE 4900	CITY-ST-ZIP	MIAMI FL 33131
DOCUMENT #		NAME	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		NAME	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		NAME	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		NAME	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		NAME	
STREET ADDRESS		CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	6702 BENJAMIN RD
CITY-ST-ZIP	TAMPA FL 33634
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: Elliott Stephen Scott Elliott Stephen Scott

4-7-03

813 889 7879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0001191 AV

CR2E003 (10/02)

STAPLE CHECK HERE