2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2002 8:00 am Secretary of State DOCUMENT # F0000000761 1. Entity Name COMBINED MECHANICAL CONTRACTORS, INC. 04-29-2002 90015 002 ***150.00 Principal Place of Business Mailing Address 1145 ROTTENWOOD DRIVE SLITE 160 1145 ROTTENWOOD DRIVE SUITE 160 MARIETTA GA 30067 MARIETTA GA 30067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State_ City & State 4. FEI Number Applied For 75-2094418 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DILLMAN, PERRY Street Address (P.O. Box Number is Not Acceptable) 2320 SADUERI ROADI #6-B+ 12228 MAYORS DRIVE FERNANDINA BEACH FL 32034+ JACKSONVILLE, FL 32223 12228 MAYORS DRIVE -City Zip Code 32223 Jacksonville 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. Perry Dillman Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME GRANBERRY, DONALD P NAME STREET ADDRESS 3804 ALLYN DRIVE 3350 GEORGE BUSBEE PKWY #1107 STREET ADDRESS CITY-ST-ZIP KENNESAW GA 30152 CITY-ST-ZIP KENNESAW, GA 30144 TITLE ☐ Delete TITLE Change ☐ Addition NAME GRANBERRY, MARGIE NAME STREET ADDRESS 3804 ALLYN DRIVE 3350 GEORGE BUSBEE PKWY #1107 STREET ADDRESS CITY-ST-ZIP KENNESAW GA 30152-CITY-ST-7IP KENNESAW, GA -30144-☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition NAME NAME . . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME

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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margie Granberry

770-919-0028

CR2E034 (9/01)