

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90011 006 \*\*\*150.00

059402 AT

DOCUMENT # F00000001936

1. Entity Name

NEEL MECHANICAL CONTRACTORS, INC.

Principal Place of Business

250 COMMERCIAL DRIVE  
THOMASVILLE GA 31757

Mailing Address

250 COMMERCIAL DRIVE  
THOMASVILLE GA 31757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 74-2921764

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VASD ☐ Delete  
 NAME BEITTENMILLER, J. GORDON  
 STREET ADDRESS 777 POST OAK BLVD., SUITE 500  
 CITY-ST-ZIP HOUSTON TX 77056

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP ☒ Delete  
 NAME SULLIVAN, ROBERT C  
 STREET ADDRESS 250 COMMERCIAL DRIVE  
 CITY-ST-ZIP THOMASVILLE GA 31757

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VST ☐ Delete  
 NAME ASHTON, TIMOTHY A  
 STREET ADDRESS 250 COMMERCIAL DRIVE  
 CITY-ST-ZIP THOMASVILLE GA 31757

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VAS ☐ Delete  
 NAME GEORGE, WILLIAM  
 STREET ADDRESS 777 POST OAK BLVD., SUITE 500  
 CITY-ST-ZIP HOUSTON TX 77056

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE P ☒ Delete  
 NAME LANG, T. GREGORY  
 STREET ADDRESS 250 COMMERCIAL DR.  
 CITY-ST-ZIP THOMASVILLE GA 31757

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)