

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90352 005 ***150.00

DOCUMENT # F00000003114
 1: Entity Name *Mechanical Equipment Co. Inc, d/b/a*
SOUTHERN AIR SUPPLY COMPANY

00022246



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 777 N. CLAYTON STREET, LAWRENCEVILLE GA 30045
 Mailing Address: P.O. BOX 341, LAWRENCEVILLE GA 30045-0341

2. Principal Place of Business: 1486 NW 38 Ave, Bldg B
 Suite, Apt. #, etc.
 3. Mailing Address: P.O. Box 341
 Suite, Apt. #, etc.

City & State: Ocala FL
 City & State: Lawrenceville GA
 Zip: 34482 Country: USA
 Zip: 30046-0341 Country: USA

4. FEI Number: 58-0902293 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOURGEOIS, KEN
 1486 NW 38 AVENUE, BLDG. B
 Ocala FL 34482

7. Name and Address of New Registered Agent
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CHILDRESS, A.B. | |
| STREET ADDRESS | 1294 RIDGE ROAD | |
| CITY-ST-ZIP | LAWRENCEVILLE GA 30045 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | CHILDRESS, BRANDON C | |
| STREET ADDRESS | 1495 MILL PLACE DRIVE | |
| CITY-ST-ZIP | DACULA GA 30019 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CHILDRESS, WANDA D | |
| STREET ADDRESS | 1294 RIDGE ROAD | |
| CITY-ST-ZIP | LAWRENCEVILLE GA 30045 | |
| 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 | | |
| 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 | | |
| 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: *AS Childress* 02/19/01 770 963-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)