

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

Principal Place of Business

777 N. CLAYTON STREET
 LAWRENCEVILLE GA 30045

Mailing Address

P.O. BOX 341
 LAWRENCEVILLE GA 30045-0341

00022246



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1486 NW 38 Ave, Bldg B

3. Mailing Address

P.O. Box 341

Suite, Apt. #, etc.

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

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, 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
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/01

Date

GA 770 963-6226
 Daytime Phone #

CR2E034 (10/00)