

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F32862**

1. Entity Name

SUPERIOR MECHANICAL CONTRACTORS, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90052 045 ***150.00

Principal Place of Business

P O BOX 3346
C/O ROBERT W MOHRFELD
TALLAHASSEE FL 32315

Mailing Address

P O BOX 3346
C/O ROBERT W MOHRFELD
TALLAHASSEE FL 32315**721825**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

113 Progress Dr
Suite, Apt. #, etc.

3. Mailing Address

PO Box 20361
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL4. FEI Number **59-2089998**

Applied For

Not Applicable

Zip

Country

32301**Leon**

Zip

Country

32316**Leon**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

MOHRFELD, FRED R.
639 VOCILE AVE
TALLAHASSEE FL 32303

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 State10. 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 ☐ Delete
NAME **V**
STREET ADDRESS **MOHRFELD, WARREN R**
CITY-ST-ZIP **2415 WILLOW AVE**
TALLAHASSEE, FL 32303TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **P**
STREET ADDRESS **MOHRFELD, ROBERT W**
CITY-ST-ZIP **1004 ROSEMARY TERRACE**
TALLAHASSEE, FL 32303TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **ST**
STREET ADDRESS **MOHRFELD, MARY H**
CITY-ST-ZIP **1004 ROSEMARY TERRACE**
TALLAHASSEE, FL 32303TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **V**
STREET ADDRESS **MOHRFELD, FRED R.**
CITY-ST-ZIP **639 VONCILE AVENUE**
TALLAHASSEE FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/14/01**850-575-9996**

CR2E034 (10/00)