

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91356 003 ***158.75

DOCUMENT # F40734

1. Entity Name
SUN MECHANICAL INDUSTRIES, INC.

Principal Place of Business
24300 S TAMiami TR
P O BOX 550
BONITA SPRINGS FL 34134
US

Mailing Address
P O BOX 550
BONITA SPRINGS FL 34133
US

2. Principal Place of Business
216 COCOHATCHER BLVD
 Suite, Apt. #, etc.

3. Mailing Address
216 COCOHATCHER BLVD
 Suite, Apt. #, etc.

City & State
NAPLES, FLORIDA
 Zip **34110** Country **USA**

City & State
NAPLES, FLORIDA
 Zip **34110** Country **USA**

4. FEI Number **59-2129256**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PUGH, PHILIP B
24300 S TAMiami TR
P O BOX 550
BONITA SPRINGS FL 34133

SAME →

7. Name and Address of New Registered Agent

Name **PUGH, PHILIP B**
 Street Address (P.O. Box Number is Not Acceptable)
216 COCOHATCHER BLVD
 City **NAPLES** FL Zip Code **34110**

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  **PHILIP B. PUGH PRESIDENT**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5/8/01
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PUGH, PHILIP B | |
| STREET ADDRESS | 216 COHATCHER BLVD | |
| CITY-ST-ZIP | NAPLES FL 34110 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E034 (10/00)

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:  **PHILIP B. PUGH**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/01 **941 591 4706**
 Date Daytime Phone #