

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90209 041 ***150.00

DOCUMENT # F96000001095

1. Entity Name

ATLANTIC COAST MECHANICAL, INC.

Principal Place of Business

Mailing Address

**5804 LEASE LANE
RALEIGH NC 27613****5804 LEASE LANE
RALEIGH NC 27613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1294562**

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**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------------------|----------------|-------------|--|
| | PSD | | | |
| | LEVY, JEFFREY M | | | |
| | 101 MERRITT SEVEN | | | |
| | NORWALK CT 06851 | | | |
| | V | | | <input checked="" type="checkbox"/> Delete |
| | KEELING, LELAND T | | | |
| | 6917 RIVER BIRCH DR. | | | |
| | RALEIGH NC 27613 | | | |
| | AS | | | <input checked="" type="checkbox"/> Delete |
| | LATA, KIMBERLY C | | | |
| | 5804 LEASE LANE | | | |
| | RALEIGH NC 27613 | | | |
| | ST | | | <input checked="" type="checkbox"/> Delete |
| | O'BRIEN, ROBERT T | | | |
| | 1233 NOTTINGHAM RD. | | | |
| | WESTMINSTER MD 21157 | | | |
| | S | | | <input type="checkbox"/> Delete |
| | DONELAN, FRANK | | | |
| | 101 MERRITT SEVEN | | | |
| | NORWALK CT 06851 | | | |
| | EVPT | | | <input checked="" type="checkbox"/> Delete |
| | KING, ROY | | | |
| | 5804 LEASE LANE | | | |
| | RALEIGH NC 27613 | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|-------------------------|----------------|-------------|---------------------------------|--|
| | V.P. | | | | |
| | Dave Bushea | | | | |
| | 5804 Lease Lane | | | | |
| | Raleigh NC 27613 | | | | |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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

DAVID B. BUSHEA

Date

4/25/01

Daytime Phone #

919-781-6945

CR2E034 (10/00)