

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001506

1. Entity Name

METROPOLITAN MECHANICAL CONTRACTORS, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90182 050 \*\*\*150.00

Principal Place of Business

Mailing Address

7340 WASHINGTON AVE S.  
EDEN PRAIRIE MN 55344

7340 WASHINGTON AVE S.  
EDEN PRAIRIE MN 55344-3514

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

41-1402170

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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 PT ☐ Delete  
NAME NELSON, THOMAS F  
STREET ADDRESS 7340 WASHINGTON AVE S.  
CITY-ST-ZIP EDEN PRAIRIE MN 55344

TITLE ☐ Change ☐ Addition  
NAME NELSON, THOMAS F  
STREET ADDRESS 18839 BEARPATH TRAIL  
CITY-ST-ZIP EDEN PRAIRIE, MN 55347

TITLE VS ☐ Delete  
NAME KACZKE, ROBERT P  
STREET ADDRESS 7340 WASHINGTON AVE S.  
CITY-ST-ZIP EDEN PRAIRIE MN 55344

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME ANDERSON, MARK S  
STREET ADDRESS 7340 WASHINGTON AVE S.  
CITY-ST-ZIP EDEN PRAIRIE MN 55344

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WALKER, JAMES E  
STREET ADDRESS 7340 WASHINGTON AVE S.  
CITY-ST-ZIP EDEN PRAIRIE MN

TITLE ☐ Change ☐ Addition  
NAME WALKER, JAMES E  
STREET ADDRESS 13741 85TH PLACE N.  
CITY-ST-ZIP MAPLE GROVE, MN 55369

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 empowered.

SIGNATURE:

*Thomas F Nelson* President

3/29/00

952-941-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1004 (9/97)