

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000004646**

1. Entity Name

TRIAD MECHANICAL, INC.

Principal Place of Business

PO BOX 30
WELCOME NC 27374

Mailing Address

PO BOX 30
WELCOME NC 27374

2. Principal Place of Business

PO BOX 188

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 188

Suite, Apt. #, etc.

City & State

THOMASVILLE, NC

City & State

THOMASVILLE, NC

Zip

27361-0188

Country

US

Zip

27361-0188

Country

US

4. FEI Number

56-1940264

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BARNETT, PAUL
25127 PEARL ST
ASTOR FL 32102

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 re-instating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GUY, WILLIAM P 50 W. HOLLY HILL RD., #44 THOMASVILLE NC 27360	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUY, EDIE J 50 W. HOLLY HILL RD., #44 THOMASVILLE NC 27360	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5875 WOODLEAF RD SALISBURY NC 28147-6436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5875 WOODLEAF RD SALISBURY NC 28147-6436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

Date

4/28/01

Daytime Phone #

(352) 267-0603

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90102 022 ***150.00

C0065629



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)