2001-UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # F9700006800 1. Entity Name SHUMATE MECHANICAL-ORLANDO, INC. 02-01-2001 90162 012 ***150.00 Principal Place of Business Mailing Address Hope St. Ste. 101 269 PARECASKE 105 Hope St. Ste.., 101 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2353304 Not Applicable Ziō Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOSLIN, THOMAS ALLAN III Street Address (P.O. Box Number is Not Acceptable) 2690 PARKONUE 150 Hope St., Suite 1016 LONGWOOD FL 32780: 32750 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ĊР ☐ Delete TITLE ☐ Change Addition **VP** SHUMATE, HAROLD NAME Goslin, Thomas Allan III STREET ADDRESS 2805 PREMIER PKWY STREET ADDRESS 150 Hope St. Suite 1016 CITY-ST-ZIP CITY-ST-ZIP DULUTH GA 30097 Longwood, FL 32750 TITLE Delete TITLE NAME SHUMATE, SANDRA LYNN NAME Conley, Charles Eric STREET ADDRESS 2805 PREMIER PKWY STREET ADDRESS 150_Hope St. Suite 1016_ CITY-ST-ZIP CITY-ST-ZIP . DULUTH GA 30097 Longwood, FL 32750 TITLE ☐ Delete TITLE ☐ Addition NAME BRITT, MIKHAIL NAME STREET ADDRESS 2805 PREMIER PKWY STREET ADDRESS CITY-ST-ZIP DULUTH GA 30097 CITY-ST-ZIP TITI F DST ☐ Delete ☐ Change Addition NAME SHUMATE, NANCY NAME STREET ADDRESS 2805 PREMIER PKWY STREET ADDRESS CITY-ST-ZIP DULUTH GA 30097 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition SHUMATE, RHONDA E NAME STREET ADDRESS 2805 PREMIER PKWY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DULUTH GA 30097** TITLE ☐ Delete TITLE ☐ Change ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PROFED NAME OF SIGNING OFFICER OR DIR