

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90033 045 ***150.00

DOCUMENT # F98000003530

1. Entity Name
CENTRAL MECHANICAL, INC.

Principal Place of Business
2826 MINE & MINERAL ROAD
LAKELAND FL 33803

Mailing Address
2826 MINE & MINERAL ROAD
LAKELAND FL 33803

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

74-2880216

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, 2002 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** ☒ Delete
NAME **STAGNER, SCOTT**
STREET ADDRESS **2826 MINE & MINERAL ROAD**
CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE **S** ☐ Delete
NAME **GEORGE, WILLIAM**
STREET ADDRESS **3 RIVERWAY, SUITE 200**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **VICE PRESIDENT & ASST SECRETARY** ☒ Change ☐ Addition
NAME
STREET ADDRESS **777 POST OAK BLVD, SUITE 500**
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **BEITTENMILLER, J. G**
STREET ADDRESS **3 RIVERWAY, SUITE 200**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **PRESIDENT & ASST SECRETARY** ☒ Change ☐ Addition
NAME
STREET ADDRESS **777 POST OAK BLVD, SUITE 500**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **MILBURN HONEYCUTT**
STREET ADDRESS **777 POST OAK BLVD, SUITE 500**
CITY-ST-ZIP **HOUSTON, TX 77056**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **JENNIFER A. GRAMMER**
STREET ADDRESS **799 BENNETT DR**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASST SECRETARY** ☐ Change ☒ Addition
NAME **MICHAEL JANCHEZ**
STREET ADDRESS **777 POST OAK BLVD, SUITE 500**
CITY-ST-ZIP **HOUSTON, TX 77056**

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:

Jennifer A. Grammer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02
 Date

407-830-5000
 Daytime Phone #

CR2E034 (9/01)