2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State
02-20-2001 90040 022 ***150.00

DOCUMENT # F98000004824

1. Entity Name
BLUEGRASS MECHANICAL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 43635 LOUISVILLE KY 40253	P.O. BOX 43635 LOUISVILLE KY 40253

DO NOT WRITE IN THIS SPACE

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 61-1027692 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HELM, DENNIS
500 N. FRANCISCO #235
CLEWISTON FL 33440
→ Change of Address only

7. Name and Address of New Registered Agent

Name: HELM, DENNIS
Street Address (P.O. Box Number Is Not Acceptable): Space #26 - 920 E. Del monte
City: Clewiston FL Zip Code: 33440

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: DENNIS W. HELM PRESIDENT [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: DP ☐ Delete NAME: HELM, DENNIS STREET ADDRESS: 500 N. FRANCISCO, #235 CITY-ST-ZIP: CLEWISTON FL 33440		TITLE: ☑ Change ☐ Addition NAME: Helm, Dennis STREET ADDRESS: Space 26 - 920 E Del monte CITY-ST-ZIP: Clewiston, Florida 33440
TITLE: ST ☐ Delete NAME: HELM, TERECIA STREET ADDRESS: 500 N. FRANCISCO, #235 CITY-ST-ZIP: CLEWISTON FL 33440		TITLE: ☑ Change ☐ Addition NAME: Helm, Terecia STREET ADDRESS: Space 26 - 920 E. Del monte CITY-ST-ZIP: Clewiston, Florida 33440
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034 (10/00)

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] Pres. 1-5-2001 502-245-2583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #