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
P.O. BOX 43635
LOUISVILLE KY 40253

Mailing Address
P.O. BOX 43635
LOUISVILLE KY 40253

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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 → change of address only
CLEWISTON FL 33440

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 Dennis W. Helm
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
DP	HELM, DENNIS	500 N. FRANCISCO, #235	CLEWISTON FL 33440	☐ Delete
ST	HELM, TERECIA	500 N. FRANCISCO, #235	CLEWISTON FL 33440	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	Helm, Dennis	Space 26 - 920 E Del Monte	Clewiston, Florida 33440	☑ Change ☐ Addition
	Helm, Terecia	Space 26 - 920 E. Del Monte	Clewiston, Florida 33440	☑ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ 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.

SIGNATURE: Dennis W. Helm Pres. 1-5-2001 502-245-2583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)