# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 08, 2000 8:00 am**
**Secretary of State**
07-18-2000 90087 049 ***150.00

DOCUMENT # F99000000365

1. Entity Name
STEGALL MECHANICAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 2527<br>BIRMINGHAM AL 35202 | P.O. BOX 2527<br>BIRMINGHAM AL 35202 |

J99054

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 63-1195968 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

**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's 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 $550.00**
**After SEPTEMBER 13, 2000 Min. will be $750.00**
**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KYLE, ROBERT A<br>4241 HARPER'S FERRY ROAD<br>BIRMINGHAM AL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT P<br>MICHAEL A. WHITT<br>3412 BUCKHEAD LANE<br>VESTAVIA, AL 35216 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BEAVERS, ROBERT W<br>1453 ROWAN ROAD<br>LEEDS AL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>GREGORY A. ROBERSON<br>116 MEADOW DRIVE<br>BIRMINGHAM, AL 35242 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>JENNINGS JR, ROBERT W<br>3104 MEADOWS CIRCLE<br>BIRMINGHAM AL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>HACKNEY, T M<br>40 COUNTRY CLUB ROAD<br>BIRMINGHAM AL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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:** X GREG ROBERSON 7-10-00 205 251 0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #