

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90191 008 ***150.00

0564639

DOCUMENT # F99000000365

1. Entity Name
STEGALL MECHANICAL, INC.

Principal Place of Business **Mailing Address**
P.O. BOX 2527 **P.O. BOX 2527**
BIRMINGHAM AL 35202 **BIRMINGHAM AL 35202**

000044



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

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, 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 **PD** ☒ Delete
NAME **KYLE, ROBERT A**
STREET ADDRESS **4241 HARPER'S FERRY ROAD**
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE **PRESIDENT** ☒ Change ☒ Addition
NAME **MICHAEL A. WHITT**
STREET ADDRESS **3412 BULLHEAD LANE**
CITY-ST-ZIP **BIRMINGHAM, AL 35216**

TITLE **V** ☒ Delete
NAME **BEAVERS, ROBERT W**
STREET ADDRESS **1453 ROWAN ROAD**
CITY-ST-ZIP **LEEDS AL**

TITLE **SECRETARY/TREASURER** ☐ Change ☒ Addition
NAME **GREG ROBERSON**
STREET ADDRESS **116 MEADOW DR**
CITY-ST-ZIP **BIRMINGHAM, AL 35242**

TITLE **S** ☐ Delete
NAME **JENNINGS JR, ROBERT W**
STREET ADDRESS **3104 MEADOWS CIRCLE**
CITY-ST-ZIP **BIRMINGHAM AL**

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

TITLE **CD** ☐ Delete
NAME **HACKNEY, T M**
STREET ADDRESS **40 COUNTRY CLUB ROAD**
CITY-ST-ZIP **BIRMINGHAM AL**

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

TITLE ☐ Delete
NAME **STREET ADDRESS** **CITY-ST-ZIP**

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

TITLE ☐ Delete
NAME **STREET ADDRESS** **CITY-ST-ZIP**

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

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: *GREG ROBERSON* **GREG ROBERSON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01 **255/0830**
 Date Daytime Phone #

CR2E034 (10/00)