

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90109 011 ***150.00

DOCUMENT # G27869

1. Entity Name

SOUTHEAST PROCESS HEAT AND CONTROL, INC.

Principal Place of Business

**114A COMMERCIAL WAY
 SPRING HILL FL 34606
 US**

Mailing Address

**114A COMMERCIAL WAY
 SPRING HILL FL 34606
 US**

2. Principal Place of Business

**1304 LORI DRIVE
 Suite, Apt. #, etc.**

3. Mailing Address

**1304 LORI DRIVE
 Suite, Apt. #, etc.**

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

4. FEI Number

59-2300414

Applied For

Not Applicable

Zip

Country

34606 U.S.A.

Zip

Country

34606 U.S.A.

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

**BARBER, RICHARD W.
 14032 BOULDER CREEK LANE
 HUDSON FL 34667**

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 **RICH W. BARBER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **BARBER, RICHARD W.**
 CITY-ST-ZIP **14032 BOULDER CREEK LANE**
HUDSON FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

SIGNATURE REQUIRED BARBER

4-29-02

352-684-6633

Date

Daytime Phone #

CR2E034 (9/01)