

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H04411****1. Entity Name**
NORMAX MECHANICAL, INC.**Principal Place of Business****C/O CLINTON O. WEBSTER**
1150 ELBOC WAY
WINTER GARDEN FL 34787**Mailing Address****C/O CLINTON O. WEBSTER**
1150 ELBOC WAY
WINTER GARDEN FL 34787**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent**PHALIN, LAWRENCE J.**
STE 600, LANDMARK TWO CENTER
225 E ROBINSON ST.
ORLANDO FL 32801**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 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	VP	<input type="checkbox"/> Delete
NAME	NEFF, ERNEST D. JR.	
STREET ADDRESS	1150 ELBOC WAY	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEBSTER, CLINTON O.	
STREET ADDRESS	1150 ELBOC WAY	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEBSTER, MARY P.	
STREET ADDRESS	1150 ELBOC WAY	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Ernest Neff* **ERNEST NEFF**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*2/5/01*
Date*407-656-8222*
Daytime Phone #

DO NOT WRITE IN THIS SPACE

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90064 034 ***150.00

CR2E034 (10/00)