

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State
 02-20-2001 90033 033 ***150.00

DOCUMENT # H09273

1. Entity Name
ELECTRO-MECHANICAL SERVICES, INC.

Principal Place of Business 1375 CLEARLAKE ROAD P. O. BOX 3482 (32924-3482) COCOA FL 32922	Mailing Address 1375 CLEARLAKE ROAD P. O. BOX 3482 (32924-3482) COCOA FL 32922
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2. Principal Place of Business 1375 CLEARLAKE ROAD Suite, Apt. #, etc. P.O. BOX 236096 City & State COCOA, FLORIDA Zip 32923-6096	3. Mailing Address Suite, Apt. #, etc. P.O. BOX 236096 City & State COCOA, FLORIDA Zip 32923-6096
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2422265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KERWOOD, LARRY G. 9 KNOLLWOOD DRIVE ROCKLEDGE FL 32955	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Larry G. Kerwood* **LARRY G. KERWOOD, PRES. 2/15/01**
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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KERWOOD, LARRY G		NAME		
STREET ADDRESS	9 KNOLLWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KERWOOD, LINDA F		NAME		
STREET ADDRESS	9 KNOLLWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 *Larry G. Kerwood* **LARRY G. KERWOOD, 2/15/01 321-639-0500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)