

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90075 036 ***150.00

DOCUMENT # H34299

1. Entity Name
G.F. ELECTROMECHANICAL, INC.



Principal Place of Business
**16404 ASHWOOD DRIVE
P.O. BOX 272839
TAMPA FL 33688**

Mailing Address
**16404 ASHWOOD DRIVE
P.O. BOX 272839
TAMPA FL 33688**

2. Principal Place of Business

3. Mailing Address

P.O. Box 272839

P.O. Box 272839

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip
33688

Country
USA

Zip

33688

Country
USA

4. FEI Number

59-2531000

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

**AUSTIN, JERRY L.
16404 ASHWOOD DRIVE
TAMPA FL 33624**

Name

David W. Clarke

Street Address (P.O. Box Number is Not Acceptable)

15619 Premiere Dr. #203

City
Tampa

FL

Zip Code
33624

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

- President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **AUSTIN, JERRY L.**
STREET ADDRESS **16404 ASHWOOD DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **P** ☐ Change ☒ Addition
NAME **DAVID W. CLARKE**
STREET ADDRESS **15619 Premiere Dr. #203**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **V** ☒ Delete
NAME **AUSTIN, PATRICIA**
STREET ADDRESS **16404 ASHWOOD DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **ST** ☐ Change ☒ Addition
NAME **CHRISTINE CLEWES**
STREET ADDRESS **15619 Premiere Dr. #203**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/03 (813) 962 3671

CR2E034 (10/02)