

AMENDED REPORT AMENDED REPORT

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 SEP -3 AM 9:38

DOCUMENT # H34299

1. Entity Name

G.F. ELECTROMECHANICAL, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
15619 PREMIERE DRIVE

3. Mailing Address  
P.O. BOX 272839

Suite, Apt. #, etc.  
203

Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State  
TAMPA, FL

Zip  
33624

Country  
USA

Zip  
33688

Country  
USA

500022890365  
09/09/03--01084--021 \*\*61.25

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2531000 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name CHRISTINE CLEWES

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

15619 PREMIERE DRIVE SUITE 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

*Christine Clewes*

CHRISTINE CLEWES, PRESIDENT

08/26/03

Signature, typed or printed name of registered agent (use the latter if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEWES, CHRISTINE 15619 PREMIERE DRIVE SUITE 203 TAMPA FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLARKE, DAVID W. 15619 PREMIERE DRIVE SUITE 203 TAMPA FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

*Christine Clewes*

CHRISTINE CLEWES

08/26/03

(813) 962-3671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

August 26, 2003

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee FL 32302-1500

Re: G.F. ELECTROMECHANICAL, INC.  
Document #H34299

Gentlemen:

Enclosed please find the enclosed amended UBR together with my check in the amount of \$61.25 payable to the Florida Department of State.

This represents the cost of filing the amended UBR.

Respectfully submitted,



Christine Clewes  
President

G.F. ELECTROMECHANICAL, INC.  
PO Box 272839  
Tampa, FL 33688

(813) 962-3671