

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90038 041 ***150.00

DOCUMENT # H90959

1. Entity Name

CRESTVIEW MECHANICAL CONTRACTORS, INC.

Principal Place of Business

Mailing Address

1675 E. JAMES LEE BLVD.
BOX 1649
CRESTVIEW FL 325361675 E. JAMES LEE BLVD.
P.O. BOX 1649
CRESTVIEW FL 32536-7649

2. Principal Place of Business

3. Mailing Address

1775**1775**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2630297

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PARKER, CHARLES E.**
5701 OLD BETHEL RD.

CRESTVIEW FL 32536

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **PD**
STREET ADDRESS **PARKER, CHARLES E.**
CITY-ST-ZIP **5701 OLD BETHEL RD.**
CRESTVIEW FLTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32536**TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **TREPAK, PETER**
CITY-ST-ZIP **1317 FARMER STREET**
CRESTVIEW FLTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4879 GILMORE ROAD**
CITY-ST-ZIP **HOLT FL 32564**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PETER TREPAK 2-8-00 850 682 5147

CR2E034 (9/99)