

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H90959

1. Entity Name

CRESTVIEW MECHANICAL CONTRACTORS, INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90023 006 ***150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2630297

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PARKER, CHARLES E.
STREET ADDRESS 5701 OLD BETHEL RD.
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE Vice President ☐ Change ☒ Addition
NAME John S. Areaga
STREET ADDRESS 806 Bob Brooks Road
CITY-ST-ZIP Baker, FL 32531

TITLE STD ☒ Delete
NAME TREPAK, PETER
STREET ADDRESS 4879 GILMORE ROAD
CITY-ST-ZIP HOLT FL 32564

TITLE STD ☐ Change ☒ Addition
NAME Charles E. Parker
STREET ADDRESS 5701 Old Bethel Rd
CITY-ST-ZIP Crestview, FL 32536

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ 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

4-11-01 850-682-5147

Date

Daytime Phone #

CR2E034 (10/00)