

# 2001 UNIFORM BUSINESS REPORT (UBR)

0052737

DOCUMENT # J73513

1. Entity Name

~~SUB-ZERO REFRIGERATION, INC.~~ **B G MECHANICAL**

*SEE: ARTICLES OF AMENDMENT*

Principal Place of Business

Mailing Address **ATTACHED**

**144 BAYWOOD AVE  
LONGWOOD FL 32750  
US**

**144 BAYWOOD AVE  
LONGWOOD FL 32750  
US**

2. Principal Place of Business

3. Mailing Address

**2478 RIVER TREE CIR** **2478 RIVER TREE CIR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SANFORD FL**

City & State

**SANFORD FL**

Zip

**32771**

Country

**SEMINOLE**

Zip

**32771**

Country

**SEMINOLE**

6. Name and Address of Current Registered Agent

**PALMER, HUGH M.  
1150 LOUISIANA AVE.  
SUITE 4  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name **WILLIAM C GOVERNALE**

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

**2478 RIVERTREE CIR**

City

**SANFORD**

FL

Zip Code

**32771**

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 *William C Governale*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/2/01**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	GOVERNALE, WILLIAM C.	
STREET ADDRESS	2478 RIVER TREE CIR	
CITY-ST-ZIP	SANFORD FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GOVERNALE, LORI	
STREET ADDRESS	2478 RIVER TREE CIR	
CITY-ST-ZIP	SANFORD FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PROUDFOOT, JOSEPH	
STREET ADDRESS	4016 SHADY OAK CT.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	HATTAWAY, DANE P	
STREET ADDRESS	P.O. BOX 9108	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SAUSER, MICHAEL	
STREET ADDRESS	269 E. LONGCREEK AVE.	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**\*\*\*\*158.75 \*\*\*\*158.75**

**T. LEWIS FEB 12 2001**

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: *William C Governale* **WILLIAM C GOVERNALE** **2/2/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)