2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 12, 2001 8:00 am **DOCUMENT # K05340 Secretary of State** 1. Entity Name PRIME MECHANICAL SERVICES, INC. 03-12-2001 90427 026 ***150.00 Principal Place of Business Mailing Address 1854 NW 21 ST. 1854 NW 21 ST. POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0022830 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURPHY, FRANCIS 736 NW 57TH ST. FT. LAUDERDALE FL 33309 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 Fiorida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5:00 May Be 10: Election Gampaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete NAME GRADY, SHAWN NAME 6410-9, W. 15th Street STREET ADDRESS STREET ADDRESS 736 N.W. 57TH STREET Pomnano Beach, PL 33008 CITY-ST-ZIP CITY-ST-2IP FT. LAUDERDALE FL TITLE Delete TITLE Sunsch TREWUL - FOR FREDERICKS, RAYMOND NAME NAME STREET ADDRESS STREET ADDRESS 167 NORTHWEST 69TH COURT CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME.~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP 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 true exemptowered 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 accurate with a statutes.