

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90084 021 ***150.00

0360187 AV

DOCUMENT # K10593

1. Entity Name
ADVANCE MECHANICAL, INC.



Principal Place of Business
% **MICHAEL J. POLLIO**
11881 HERMITAGE DRIVE PLACE
PLANTATION FL 33325

Mailing Address
% **MICHAEL J. POLLIO**
11881 HERMITAGE DRIVE PLACE
PLANTATION FL 33325



2. Principal Place of Business
3100 NE. 49 STREET

3. Mailing Address
MICHAEL J. POLLIO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 901

3100 NE. 49 ST. APT 901

City & State

City & State

FORT LAUDERDALE FL.

FORT LAUDERDALE FL.

Zip
33308

Country
U.S.A.

Zip
33308

Country
U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
☒ Not Applicable

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

POLLIO, MICHAEL J.
11881 HERMITAGE DRIVE
PLANTATION FL 33325

POLLIO, MICHAEL J.
3100 NE. 49 ST. APT 901
FORT LAUDERDALE
FL. 33308

Name **MICHAEL J. POLLIO**

Street Address (P.O. Box Number is Not Acceptable)
3100 NE. 49 ST. APT. 901

FORT LAUDERDALE

City

FL **33308**

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 *Michael J. Pollio* **MICHAEL J. POLLIO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLIO, MICHAEL J. 11881 HERMITAGE DRIVE PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J. Pollio* **MICHAEL J. POLLIO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)