

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K46227

1. Entity Name

SOUTHEAST SUN-BAY MECHANICAL SERVICE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90105 010 ***150.00

Principal Place of Business

Mailing Address

5611-A EAST CHELSEA/TAMPA
TAMPA FL 33610

P O BOX 1960
MANGO FL 33550-1960
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2918523

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

BEASLEY, HUBERT LEE
4310 CHURCH POND PL
DOVER FL 33527

Name RICHARD V. MELOAN

Street Address (P.O. Box Number is Not Acceptable)
8736 ASHWORTH DR.

City TAMPA

FL

Zip Code 33617

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 date 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 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
NAME BEASLEY, HUBERT LEE
STREET ADDRESS 3522 KING GEORGE LANE
CITY-ST-ZIP SEFFNER FL ☒ Delete

TITLE President
NAME Duane Rapson
STREET ADDRESS 5611 E. Chelsea St. Suite A
CITY-ST-ZIP Tampa Florida 33610 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Treasurer
NAME David Sinyard
STREET ADDRESS 5611 E. Chelsea St. Suite A
CITY-ST-ZIP Tampa Florida 33610 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

Duane Rapson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

813

689-9371

Daytime Phone #

CR2E034 (9/99)