FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State
07-04-2002 90562 048 ***150.00

DOCUMENT # P00000043183

1. Entity Name
Big Bear Mechanical Heating & Air Conditioning, Inc.

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[redacted]

B0127001

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2. Principal Place of Business		3. Mailing Address	
4531 Hartman Rd.		4531 Hartman Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville, FL		City & State: Jacksonville, FL	
Zip: 32225	Country: U.S.A.	Zip: 32225	Country: U.S.A..

4. FEI Number: 59-3641821 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Jeanne E. Helton
Street Address (P.O. Box Number is Not Acceptable): 225 Water Street, Suite 1800
City: Jacksonville **FL** Zip Code: 32202

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PTD	TITLE	
NAME	Lawrence Stephen Helton	NAME	
STREET ADDRESS	4531 Hartman Rd.	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32225	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	Wendy Helton	NAME	
STREET ADDRESS	4531 Hartman Rd.	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32225	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lawrence Stephen Helton, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #