**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

1. `Entity Nar	MENT # POOOOC  CK MECHANICAL & ENGINE	0055655 ERING, INC.		R	Jul 25, 20 Secretar 03-09-2001 904		te	
Principal Place of Business Mailing Address 40054 BRAESGATE LANE 40054 BRAESGATE LANE TAMPA FL 33824 TAMPA FL 33624						U & 1 &	<b>1</b> 1101 1111 1 <b>1</b> 101	
4000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·					
Suite, Apt Fan City & Sta		Suite, Apt. #, etc.	sgate La	ne		E IN THIS SPACE	pplied For	
Tam zip. 330	- Country	Tampa, FC	Country		FEI Number 9-364744 Certificate of Status Desired	^	ot Applicable	
	6. Name and Address of Current Ro			7.	Name and Address of New Re			
ODIFORI	^ LTDPD4 D L		Name					
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
CORAL G	ABLES FL 33134		City		VII	FL Zip Cod	le	
	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	1	egistered Agent signature re FEE IS \$550.00		10. Election Campaign Fina	~ _ \	<b>10</b> May Be	
(See crite	ria on back)	Make Check Payable			Trust Fund Contribution	. L Added	to Fees	
TITLE NAME STREET ADDRESS	PSTD SCHIERECK, DAVID M 40054 BRAESGATE LANE	RECTORS Delete	12. TITLE NAME STREET ADDRESS	A[	DDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR  Change	S IN 11	
CITY-ST-ZIP	TAMPA FL 33624	☐ Delete	CITY-ST-ZIP TITLE			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP-, ~~	ر مینیمانید. با ایاداد	ome in the second of the secon	NAME Street Address City-St-Zip-	N = - 4	The manager			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	***	1	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with th	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

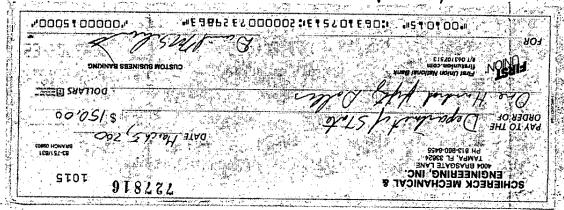
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

July 18,760 1

413-960-845

Davtime Phone #

Attachment + p00000055655



	DEPARTMENT OF STATE FOR DEPOSIT ONLY ACCT# Inpsh68796  NAR 0 9 2001  PORT OF THE PROPERTY OF THE PROPERTY ONLY ACCT# Inpsh68796  PORT OF THE PROPERTY OF THE P	TO TO THE POST OF	100001 Control of the state of
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