

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90099 009 ***150.00

DOCUMENT # P00000090479

1. Entity Name
MECHANICAL INDUSTRIAL MAINTENANCE, INC.

Principal Place of Business

1000 HOOVER RD
WINTER HAVEN FL 33884

Mailing Address

1000 HOOVER RD
WINTER HAVEN FL 33884

2. Principal Place of Business

4141 Spring Way Cir
 Suite, Apt. #, etc.

3. Mailing Address

4141 Spring Way Cir
 Suite, Apt. #, etc.

City & State

Valrico FL

City & State

Valrico, FL

4. FEI Number

59-3680653

Applied For

Not Applicable

Zip
33594

Country

USA

Zip

33594

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ADKINS, CARL
1000 HOOVER RD
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name
Adkins, Carl

Street Address (P.O. Box Number is Not Acceptable)
4141 Spring Way Cir

City
Valrico

FL

Zip Code
33594

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 *Carl Adkins*

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

(NOTE: Registered Agent signature required when reinstating)

01/02/02
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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ADKINS, CARL	
STREET ADDRESS	1000 HOOVER RD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BEALE, DAN L	
STREET ADDRESS	1000 HOOVER RD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4141 Spring Way Cir
CITY-ST-ZIP	Valrico, FL 33594
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Carl Adkins*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/02/02
 Date
8136544965
 Daytime Phone #

CR2E034 (9/01)