

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91269 001 \*\*\*150.00

**DOCUMENT # P01000116829**

**1. Entity Name**  
**SOUTHEAST MECHANICAL CONTRACTORS OF TAMPA, INC.**



**Principal Place of Business**  
**200 SOUTH BISCAYNE BLVD STE 4900**  
**MIAMI FL 33131**

**Mailing Address**  
**200 SOUTH BISCAYNE BLVD STE 4900**  
**MIAMI FL 33131**

**2. Principal Place of Business**  
**6702 BENJAMIN RD**  
Suite, Apt. #, etc.  
**100**

**3. Mailing Address**  
**6702 BENJAMIN RD**  
Suite, Apt. #, etc.  
**100**

**City & State**  
**TAMPA FL**

**City & State**  
**TAMPA FL**

**Zip**  
**33634** **COUNTRY**  
**HILLSBOROUGH**

**Zip**  
**33634** **COUNTRY**  
**HILLSBOROUGH**

**4. FEI Number**  
**59-3760143**

**Applied For**  
**Not Applicable**

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**GRAGG, K LAWRENCE**  
**200 SOUTH BISCAYNE BLVD STE 4900**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

**Name**  
**ELLIOTT STEPHEN SCOTT**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**34230 BLANTON RD**  
**City**  
**Dade City** **FL** **Zip Code**  
**33523**

**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** Elliott Stephen Scott Elliott Stephen Scott Pres 4-7-03  
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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>SCOTT, E STEPHEN</b> <b>4512 WEST CREST AVE</b> <b>TAMPA FL 33614</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<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:** Elliott Stephen Scott Elliott Stephen Scott 4-7-03 813 889 78 79  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)