

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90186 009 ***550.00

DOCUMENT # P02000049870

1. Entity Name
SOUTHLAND MECHANICAL, INC.



Principal Place of Business
**3816 SW 30 AVE
HOLLYWOOD FL 33312**

Mailing Address
**3816 SW 30 AVE
HOLLYWOOD FL 33312**



2. Principal Place of Business

3. Mailing Address

65 SW 3RD AVE

Suite, Apt. #, etc.

DAVIDA, FL. 33004

City & State

Zip

Country

USA

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0699412

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOSSETT, JAMIE A
1004 DESOTO PARK DR
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **William O'Rourke**

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

3151 SW 136 AVE

City **DAVIDA**

FL

Zip Code **33330**

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

William O'Rourke

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **O'ROURKE, WILLIAM**
STREET ADDRESS **3816 SW 30 AVE**
CITY-ST-ZIP **HOLLYWOOD FL 33312**

TITLE **V** ☒ Delete
NAME **TEMPLETON, JOHN W**
STREET ADDRESS **3816 SW 30 AVE**
CITY-ST-ZIP **HOLLYWOOD FL 33312**

TITLE **ST** ☐ Delete
NAME **O'ROURKE, JAMES**
STREET ADDRESS **3816 SW 30 AVE**
CITY-ST-ZIP **HOLLYWOOD FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

William O'Rourke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03 954 410 6948

Date

Daytime Phone #

CR2E034 (4/03)