

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -5 PM 4:29

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000108645			
1. Entity Name PROFESSIONAL MEP SERVICES OF FLORIDA, INC.			
Principal Place of Business 442 NW 35 ST BOCA RATON, FL 33431		Mailing Address 442 NW 35 ST BOCA RATON, FL 33431	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent ROSENTHAL, ALEX P ESQ. 2116 COMMERCE PKWY WESTON, FL 33328		4. FEI Number 04-3717759 Applied For Not Applicable	
6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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		DATE	
Signature, print or printed name of registered agent and its authorization		Name, print full Agent's name and date of becoming	
			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P FRIONE, FRANK 442 NW 35 ST BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report and supplemental reports 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 agency or business authorized 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 or without the empowered.			
SIGNATURE:		DATE	
			
PRINT NAME AND TYPE OF POSITION OF SIGNING OFFICIAL ON DIRECTOR		DATE	

REINSTATEMENT

03

3/19/03 90145 032 150.00

CPZEDDA (10/02)

11/5



Professional **M**echanical **E**lectrical **P**lumbing
Services of Florida, Inc.



July 15, 2003

Florida Department of State
Division of Corporations
Reinstatement Division
P.O. Box 6327
Tallahassee, Florida 32314

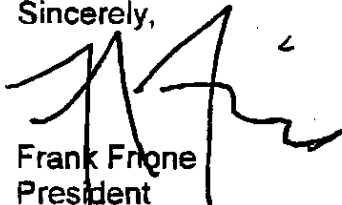
RE: FEI # 04-3717759
Professional MEP Services of Florida, Inc.

To Whom It May Concern:

Please find enclosed a copy of the check that was sent along with the UBR form for the above referenced company. As you will note the check was cashed but the report was not processed for one reason or another. Please reinstate my company and waive all late fees associated with.

Should you have any questions please feel free to call me at 561-620-9644.

Sincerely,



Frank Frone
President