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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.

REINSTATEMENT 03

3/19/03 90145 032 150.00

Principal Place of Business	Mailing Address
442 NW 35 ST BOCA RATON, FL 33431	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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3717759 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENTHAL, ALEX P ESQ.
2116 COMMERCE PKWY
WESTON, FL 33326

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIONE, FRANK 442 NW 35 ST BOCA RATON, FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/5

NOV-05-2003 03:48PM FROM-

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Professional Mechanical Electrical Plumbing
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

449 N.W. 35th Street • Boca Raton, FL 33431 • Phone: 561-620-9644 • Fax: 561-395-5805