

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05207

1. Entity Name

ROCK CITY MECHANICAL, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90115 037 ***550.00

Principal Place of Business

Mailing Address

2715 GRANDVIEW AVENUE
NASHVILLE TN 37211
US

P.O. BOX 40446
NASHVILLE TN 37204-0446
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-0786474**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVS	<input type="checkbox"/> Delete
NAME	SCHUETT, JACK L.	
STREET ADDRESS	2715 GRANVIEW AVE.	
CITY-ST-ZIP	NASHVILLE TN 37211	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	CAMPBELL, JAMES A.	
STREET ADDRESS	2715 GRANDVIEW AVE.	
CITY-ST-ZIP	NASHVILLE TN 37211	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARTLEY, KENNETH W.	
STREET ADDRESS	2715 GRANDVIEW AVE.	
CITY-ST-ZIP	NASHVILLE TN 37211	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALLEN, VIVIAN	
STREET ADDRESS	2715 GRANDVIEW AVE.	
CITY-ST-ZIP	NASHVILLE TN 37211	
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"/> 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKENS, JOHN B.	
STREET ADDRESS	2715 GRANDVIEW AVE.	
CITY-ST-ZIP	NASHVILLE, TN 37211	
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:

SIGNATURE REQUIRED **BRAD DICKENS**

7-13-00

615-251-3045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C = E-134 (1/11)