

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90004 023 ***150.00

DOCUMENT # P08788

1. Entity Name
AMPAM MILLER MECHANICAL, INC.

Principal Place of Business Mailing Address
1976 AIRPORT INDUSTRIAL PARK DRIVE 1976 AIRPORT INDUSTRIAL PARK DRIVE
MARIETTA GA 30060 MARIETTA GA 30060

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **58-1303603** Applied For
 Not Applicable

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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, JOSEPH E			NAME			
STREET ADDRESS	1976 AIRPORT IND PK DR			STREET ADDRESS			
CITY-ST-ZIP	MARIETTA GA 30060			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, ALICE M			NAME			
STREET ADDRESS	1976 AIRPORT IND. PK. DR.			STREET ADDRESS			
CITY-ST-ZIP	MARIETTA GA 33060			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTIANSON, ROBERT A			NAME			
STREET ADDRESS	1976 AIRPORT IND PK DR			STREET ADDRESS			
CITY-ST-ZIP	MARIETTA GA 33060			CITY-ST-ZIP			
TITLE	DTSV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAGGETT, DAVID C			NAME			
STREET ADDRESS	1950 LOUIS HENNA BLVD			STREET ADDRESS			
CITY-ST-ZIP	ROUND ROCK TX 78664			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, ANGELIQUE			NAME			
STREET ADDRESS	1950 LOUIS HENNA BLVD			STREET ADDRESS			
CITY-ST-ZIP	ROUND ROCK TX 78664			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIMBERLEY, CARL			NAME			
STREET ADDRESS	1950 LOUIS HENNA BLVD			STREET ADDRESS			
CITY-ST-ZIP	ROUND ROCK TX 78664			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: Angelique Davis 2/28/02 512.246.5275
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)