

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

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90081 009 ***158.75

DOCUMENT # P94000041482

1. Entity Name

DOUGLAS MECHANICAL CORP.



DO NOT WRITE IN THIS SPACE

50031542

2. Principal Place of Business

13821 N. MIAMI AV.

Suite, Apt. #, etc.

3. Mailing Address

13821 N. MIAMI AV.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0499700

Applied For

Not Applicable

Zip

33168

Country

U.S.A

Zip

33168

Country

U.S.A

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DOUGLAS R. JONES

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

13821 N. MIAMI AV.

City

MIAMI

FL

Zip Code

33168

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST JONES DOUGLAS R 13821 N. MIAMI AV. MIAMI, FL 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like information.

SIGNATURE:

Douglas R. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-05 (305) 688 0880

Date

Daytime Phone #