

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90061 020 ***150.00

DOCUMENT # P95000092638

1. Entity Name
GLACIER MECHANICAL SERVICES INC.



Principal Place of Business
10770 46TH STREET NORTH
STE C-500
TAMPA FL 33617-3492
US

Mailing Address
10770 46TH STREET NORTH
STE C-500
TAMPA FL 33617-3492
US

2. Principal Place of Business
6201 Johns Road

3. Mailing Address
6201 Johns Road

Suite, Apt. #, etc.
Suite 5

Suite, Apt. #, etc.
Suite 5

City & State
Tampa Florida

City & State
Tampa Florida

Zip
33634

Country
USA

Zip
33634

Country
USA

4. FEI Number
59-3346089

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

SZENAY, CRAIG E
~~7739 AVOCET DRIVE~~ **5529 Lake Leta Blvd**
~~WESLEY CHAPEL FL 33514~~ **Tampa FL 33624**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **SZENAY, CRAIG**
STREET ADDRESS **7739 AVOCET DR**
CITY-ST-ZIP **WESLEY CHAPEL FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5529 Lake Leta Boulevard**
CITY-ST-ZIP **Tampa, FL 33624**

TITLE **VPS** ☐ Delete
NAME **SZENAY, BRENDA**
STREET ADDRESS **7739 AVOCET DRIVE**
CITY-ST-ZIP **WESLEY CHAPEL FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5529 Lake Leta Boulevard**
CITY-ST-ZIP **Tampa, FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Brenda Szenay* **Brenda Szenay**
VICE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/03 813 882 0097

Date Daytime Phone #

CR2E034 (10/02)