

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90139 041 ***150.00

0084454 FP

DOCUMENT # P96000074055

1. Entity Name
MTIS MECHANICAL TECHNICAL & INDUSTRIAL SERVICES, INC.



Principal Place of Business
**3095 N. OAKLAND DRIVE FOREST
SUITE 103
OAKLAND PARK FL 33309**

Mailing Address
**3095 N. OAKLAND DRIVE FOREST
SUITE 103
OAKLAND PARK FL 33309**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0691441**

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

**WALTERS, GERRIT G
3095 N. OAKLAND DRIVE FOREST
SUITE 103
OAKLAND PARK FL 33309**

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 **P** ☐ Delete
NAME **WALTERS, GERRIT GABRIEL**
STREET ADDRESS **3095 N. OAKLAND DRIVE FOREST**
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE **same** ☒ Change ☐ Addition
NAME **same**
STREET ADDRESS **8717 NW 28 Dr.**
CITY-ST-ZIP **Coral Springs FL 33065**

TITLE **ST** ☐ Delete
NAME **MILENA WALTERS**
STREET ADDRESS **3095 N OAKLAND DR FOREST #103**
CITY-ST-ZIP **OAKLAND PARK FL**

TITLE **same** ☒ Change ☐ Addition
NAME **same**
STREET ADDRESS **8717 NW 28 Dr**
CITY-ST-ZIP **Coral Springs FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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:

Milena Walters **REQUIRE** *Milena Walters*

3/3/03

954-346-6144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)