2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR D

DOCUMENT # **P97000018567** May 15, 2000 8:00 am Secretary of State 1. Entity Name INTER-BAY MECHANICAL, INC. 05-15-2000 90221 032 ***150.00 Principal Place of Business Mailing Address 6330 46TH STREET NORTH P O BOX 1416 #109 PINELLAS PARK FL 33780-1416 PINELLAS PARK FL 33780-1416 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3428111 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Scott MARK SCOTT, JASPER S JR Street Address (P.O. Box Number is Not Acceptable) 595 55TH AVENUE N.E. ST PETERSBURG FL 33703 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. $ho_{\mathcal{D}}$ **PSD** TITLE Addition TITLE Delete MARK R. Scott SCOTT, JASPER S JR NAME NAME 10865 92 St.N. STREET ADDRESS STREET ADDRESS 596 55TH AVE NE CITY-ST-ZIP ARGO FL 33777 City-St-ZIP ST PETERSBURG FL 33703 Change ☐ Addition Delete TITLE 5T.D TITLE BALESANO, BETTY NAME NAME STREET ADDRESS STREET ADDRESS 2560 62 AVE N., LOT 156 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 38702-6349 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITHE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

R. Scott PRESIDENT 04/28