

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045603

1. Entity Name

BLUELINE MECHANICAL, INC.

Principal Place of Business

Mailing Address

13757 49TH ST. N. 7A
CLEARWATER FL 33762

13757 49TH ST. N. 7A
CLEARWATER FL 33762

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 59-3447851

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PANARO, STEPHEN L
13968 MARTINIQUE DR.
SEMINOLE FL 33776

7. Name and Address of New Registered Agent

Name Stephen L. Panaro
Street Address (P.O. Box Number is Not Acceptable)

12895 110th Ave. N

City Largo

FL

Zip Code

33774

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

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

(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. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PANARO, STEPHEN L	
STREET ADDRESS	13968 MARTINIQUE DR	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, CHARLES T	
STREET ADDRESS	11710 RODNEY ROAD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COATES-PANARO, ANGELA C	
STREET ADDRESS	13968 MARTINIQUE DR	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Panaro, Stephen L.	
STREET ADDRESS	12895 110th Ave. N	
CITY-ST-ZIP	Largo, FL 33774	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Charles T.	
STREET ADDRESS	1923 Bow Cr.	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Panaro, Angela C	
STREET ADDRESS	12895 110th Ave. N	
CITY-ST-ZIP	Largo, FL 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Angela C. Panaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angela C. Panaro

1/9/01

727-540-0255

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0368206

CR2E034 (10/00)