

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90086 012 \*\*\*150.00

DOCUMENT # P97000068260

1. Entity Name  
**NAGELBUSH MECHANICAL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5385 NOB HILL ROAD SUNRISE FL 33351 US	Mailing Address 5385 NOB HILL ROAD SUNRISE FL 33351-4761 US
---	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0774762</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SMITH, RICHARD A**  
**5385 NOB HILL RD**  
**SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name: **Jerome Nagelbush**

Street Address (P.O. Box Number is Not Acceptable):  
**5385 Nob Hill Road**

City: **Sunrise, FL** Zip Code: **33351**

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: *Jerome Nagelbush* (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SMITH, RICHARD A</b> <b>5385 NOB HILL RD.</b> <b>SUNRISE FL 33351</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO, D</b> <b>Jerome Nagelbush</b> <b>5385 Nob Hill Road</b> <b>Sunrise, FL 33351</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jerome Nagelbush* **Jerome Nagelbush** 4/7/00 950-748-7893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99