

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90062 001 *1,100.00

DOCUMENT # P98000011587

1. Entity Name

E.C.T. MECHANICAL, INC.

Principal Place of Business

3397 SW 42ND AVE
PALM CITY FL 34990

Mailing Address

3397 SW 42ND AVE
PALM CITY FL 34990

2. Principal Place of Business

3397 SW 42nd Ave
Suite, Apt. #, etc.

3. Mailing Address

3397 SW 42nd Ave
Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

Martha

City & State

Palm City, FL

Zip

34990

Country

Martha

4. FEI Number

65-0811881

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAZZILLI, MARK
3397 S.W. 42ND AVE. STE. A
PALM CITY FL 34990

7. Name and Address of New Registered Agent

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.

SIGNATURE *Mark Mazzilli*
Signature, typed or printed name of registered agent and title if applicable.

President Mark Mazzilli
(NOTE: Registered Agent signature required when reinstating)

DATE 8-2-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P ☐ Delete
NAME MAZZILLI, MARK
STREET ADDRESS 3397 S.W. 42ND AVE. STE. A
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

Mark Mazzilli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Mazzilli
Date

8-2-00 561-283-6741
Daytime Phone #

CR2E034 (5/00)