

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2000 8:00 am**
Secretary of State

02-28-2000 90069 014 ***150.00

DOCUMENT # P98000021070

1. Entity Name

NORTHWEST FLORIDA MECHANICAL SERVICES, INC.

Principal Place of Business

Mailing Address

HEINBERG
106
FL 32501**P.O. BOX 4392**
PENSACOLA FL 32507-0392
US

814081

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 **59-3495985**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PATRONI, HUGH SR
1403 VAN KIRK AVE
PENSACOLA FL 32503*12 Via Deluna*
PENSACOLA Bch, FL
32561

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 title 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, 2000 Fee will be \$350.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	PATRONI, HUGH SR	1403 VAN KIRK AVE PENSACOLA FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PRESIDENT / OWNER	PATRONI, HUGH SR	12 Via Deluna DR PENSACOLA Bch, FL 32561
<input type="checkbox"/> Delete	D	PATRONI, HARGIS JR	7431 HIAWATHA ST PENSACOLA FL 32526	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	PATRONI, CLYDE J SR	201 REMINGTON DRIVE LAFAYETTE LA 70501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SECRETARY / OWNER	PATRONI, CLYDE JR	804 LARGO PENSACOLA Bch, FL 32561
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-00 850-436-2665

CR2E034 (9/99)