

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061969

1. Entity Name

ADP MECHANICAL, INC.

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90048 044 \*\*\*150.00

Principal Place of Business

Mailing Address

2855 WORK DR.  
SUITE #6  
FORT MYERS FL 33916

1271 BURTWOOD DRIVE  
FORT MYERS FL 33901-8711

2. Principal Place of Business

2855 WORK DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

STE #6

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

Zip

33901

Country

USA

Zip

Country

4. FEI Number

65-0848545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANHAM, DAVID L  
1271 BURTWOOD DRIVE  
FORT MYERS FL 33901

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

*David L. Canham*

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

(NOTE: Registered Agent signature required when reinstating)

1-18-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
CANHAM, DAVID L  
1271 BURTWOOD DRIVE  
FORT MYERS FL 33901 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
MCATEE, RICHARD  
4765 ORANGE GROVE BLVD APT #7  
N. FT MYERS FL 33901 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
DOERING, PHIL  
23780 S.R. 80 - P.O. BOX 2038  
ALVA FL 33920 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

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

*David L. Canham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. CANHAM

1-19-0000

Date

941-337-3705

Daytime Phone #

CR2E034 (9/99)