

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90017 036 ***150.00

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 AV

DOCUMENT # P99000031934

1. Entity Name
R & R MECHANICAL, INC.

Principal Place of Business

**313 DIRKSEN DRIVE
 SUITE D
 DEBARY FL 32713**

Mailing Address

**313 DIRKSEN DRIVE
 SUITE D
 DEBARY FL 32713**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

780 DELTONA BLVD

Suite, Apt. #, etc.

SUITE 102

City & State

DELTONA, FL

Zip

Country

32725

3. Mailing Address

780 DELTONA BLVD

Suite, Apt. #, etc.

SUITE 102

City & State

DELTONA, FL

Zip

Country

32725

4. FEI Number

52-2189684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WINES, AARON
 1410 WINDY KNOLL LANE
 DELAND FL 32724**

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

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, 2002 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 **VT** ☐ Delete
 NAME **ORENIC, RON**
 STREET ADDRESS **5810 SOUTH SYLVAN LAKE DRIVE**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE **P** ☐ Delete
 NAME **SLANKER, AUDREY**
 STREET ADDRESS **2049 BOND ROAD**
 CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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
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 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: **Richard M. Orenic**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-02 386-574-8600

Date

Daytime Phone #

CR2E034 (9/01)