2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 02, 2003 8:00 am Secretary of State 05-05-2003 90709 004 ***150.00

Making Address SURE 102 SURE 102 SURE 102 SURE 102 SURE 102 SURE 102 SURE 103 SURE 103 SURE 103 SURE 104 SURE AND # etc. SUR	DOCUMENT # P9900031934 1. Entity Name R & R MECHANICAL, INC.									\$\$0.4\$0.40°					
2. Principal Piece of Business	780 DELTONA BLVD SUITE 102				780 DELTONA BLVD SUITE 102				55045940						
Sulia, Apl. #, etc. Sulia, Ap	DELTONA FL 32725				DELTONA FL 32725										
City & State Ci	2. Principal Place of Business														
Zip Country Zip Country 5. Certificate of Statu Desired Sp. 75. Additional Position Sp									<u> </u>					_	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NINES, AARON Into WINES, AARON Into WINDY KNOLL LAKE DELAND FL 32724 OELAND FL 32727 City FL Zip Code 8. The above ramed entity submits this statement for the purpose of changing its registered orders or registered agent, or both, in the State of Florida. I am familiar with, and accept the ordigations of registered orders or registered agent, or both, in the State of Florida. I am familiar with, and accept the ordigations of registered orders or registered agent, or both, in the State of Florida. I am familiar with, and accept the ordigations of registered orders or registered agent, or both, in the State of Florida. I am familiar with, and accept the ordigations of registered orders or registered agent, or both, in the State of Florida. I am familiar with, and accept the ordigations of registered orders or registered agent, or both, in the State of Florida. I am familiar with, and accept the ordigations of registered orders or registered agent, or both, in the State of Florida. I am familiar with, and accept the ordigations of registered orders or registered agent, or both, in the State of Florida. I am familiar with, and accept the ordigations of registered agent, or both in the State of Florida. I am familiar with, and accept the ordigations of registered agent, or both in the State of Florida. I am familiar with, and accept the ordigations of registered agent, or both in the State of Florida. I am familiar with, and accept the ordinary of the ordinary	City & State				<u> </u>				4. F	52-2189684	· <u>- ·</u> _		lot Applicable		
WINES, AARON 110 WINDY KNOLL LANE DELAND FL 32724 City FL Zip Code 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. I am familiar with, and accept the obligations of registered signing. SIGNATURE SIGNATURE SIGNATURE FILE Top Code FILE NOW!!! FE SIS \$150.00 After May 1, 2007 Fee will be \$550.00 Make Cheek Physible to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. TITLE ORENCE, RON STRET ANDRESS ON'S 1.79 FILE SANKER, AUDREY SURF ANDRESS ON'S 1.79 DELAND FL 32727 THE MAKE STRET ANDRESS ON'S 1.79 THE OBERS AND FROM THE OBERS ON'S 1.79	Zip	Zip Country						5. Certificate of Status				Fee Requir		1	
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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, 1 am familiar with, and accept the objective digital to the objective digital digital digital to the objective digital digita	DELAND F	FL 32724					1	OEL4	NA	FL 32724		•		1	
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THE THOUGHT WHITE WAS A PROPERTY OF THE CAPTURE OF		ertify that the	information supplied with	this filina	does not qualify for			d in Sect	tion 11	9.07(3)(i). Florida Statutes 1 fu	rther cer	rtify that the is	nformation	1	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE REQUIRED (
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR