

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P99000045380*

1. Entity Name

Artic Mechanical Limited, INC.

FILED

02 AUG -5 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

600006967516--7

-08/08/02--01002--021

****450.00 ****450.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 267271

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

4. FEI Number

65-0920992

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Vincent J. Desantis

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

P.O. Box 267271

City

Weston

FL

Zip Code

33326

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *PD*
NAME *Vincent J. Desantis*
STREET ADDRESS *P.O. Box 267271*
CITY-ST-ZIP *Weston, FL 33326*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/02

Date

954-557-8474

Daytime Phone #

CR2E034B (12/01)