

2000 UNIFORM BUSINESS REPORT (UBR)

004769

DOCUMENT # P99000054433

1. Entity Name

AIR DYNAMICS MECHANICAL CONTRACTORS, INC.

FILED

00 MAY -8 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

195-2 ADDOR LANE
JACKSONVILLE FL 32220

Mailing Address

195-2 ADDOR LANE
JACKSONVILLE FL 32220-2251

2. Principal Place of Business

Same AS ABOVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 60634

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

Country

322360634

Country

Duval

4. FEI Number

59-3584731

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

ALTERMAN, LEONARD M
9116 CYPRESS GREEN DRIVE
SUITE 207
JACKSONVILLE FL 32256

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, 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 | D | <input type="checkbox"/> Delete |
| NAME | HILL, SHARON K | |
| STREET ADDRESS | 195-2 ADDOR LANE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32220 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | THOMPSON, MARK | |
| STREET ADDRESS | 195-2 ADDOR LANE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32220 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HILL HARRY H. | |
| STREET ADDRESS | 195-2 Addor Lane | |
| CITY-ST-ZIP | JACKSONVILLE FL 32220 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Thompson, SHANNA F. | |
| STREET ADDRESS | 195-2 Addor Lane | |
| CITY-ST-ZIP | JACKSONVILLE FL 32220 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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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 1 of Back 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHARON KAYE HILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON KAYE Hill

Date

5/4/00

Daytime Phone #

363-5330

CR2E034 (9/99)

confirmation 80003231098