

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000054433**1. Entity Name
AIR DYNAMICS MECHANICAL CONTRACTORS, INC.Principal Place of Business
195-2 ADDOR LANE
JACKSONVILLE FL 32220
Mailing Address
P.O. BOX 60634
JACKSONVILLE FL 3223606342. Principal Place of Business
7859 WEST BEAVER STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL

City & State

4. FEI Number
59-3584731

Applied For

Not Applicable

Zip Country
32220

Zip Country

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

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 **LEONARD M. ALTERMAN****04/11/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D BOWERS WILTON G
7077 LLOYD ROAD W.
JACKSONVILLE FL 32220TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D INGLE KEITH E
24 DOLPHIN BOULEVARD
PONTE VEDRA BEACH FL 32082TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
D THOMPSON SHANNA F
195-2 ADDOR LANE
JACKSONVILLE FL 32220TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
D HILL HARRY H
195-2 ADDOR LANE
JACKSONVILLE FL 32220TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
D THOMPSON MARK
195-2 ADDOR LANE
JACKSONVILLE FL 32220TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
D HILL SHARON K
195-2 ADDOR LANE
JACKSONVILLE FL 32220TITLE
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: WILTON G. BOWERS

D

04/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)