

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000056374

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
ALL MECHANICAL SERVICES, INC.

Principal Place of Business
2222 CARRINGTON DR.
ORLANDO FL 32807

Mailing Address
2222 CARRINGTON DR.
ORLANDO FL 32807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
4132 BELL TOWER CT.
BELLE ISLE
City & State
FL 32812
Zip Country
ORANGE

4. FEI Number
59,3589612

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PEREZ, HECTOR J
4132 BELL TOWER CT.
BELLE ISLE FL 32812

STATE OF FLORIDA
DOCUMENT NUMBER
OF CORPORATION
P99000056374

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.

Hector J. Perez
SIGNATURE *Hector J. Perez* DATE **7-20-00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D PEREZ, HECTOR J 4132 BELL TOWER CT. BELLE ISLE FL 32812
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003384434--7 -09/06/00--01110--012 ***150.00 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 things empowered.

SIGNATURE: *Hector J. Perez* SIGNATURE REQUIRED DATE: **07-20-00 (407)** Daytime Phone # **382-1011**

CR2E034 (5/00)

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Division of Corporation
Uniform Business Report Filings
P.O. BOX 1500
Tallahassee, FL 32302-1500

To Whom It may Concern:

My name is Hector J. Perez, Owner of All Mechanical Services Inc. A one man operation. Today Thursday July 20th, I received a second notice of 2000 uniform Business Report. Prior to this date nothing was sent to my place of business in reference to this report. I was unaware the exact time of year this was to be paid, for this is my first year of being Incorporated I am very new at this and yes I understand these fees need to be paid in a timely fashion. I however realize this now and apologize for any inconvenience this may have caused your office, and once again apologize for my tardiness. I'm submitting a check today in the amount of 150.00 and is asking for you to please waive any late fees incurred by my oversight.

Sincerely,



Hector J. Perez
All Mechanical Services, Inc.