

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062073

1. Entity Name

LOWE MECHANICAL CONTRACTORS, INC.

Principal Place of Business

4836 N.E. 10TH AVE.
OAKLAND PARK FL 33334

Mailing Address

4836 N.E. 10TH AVE.
OAKLAND PARK FL 33334-3906

2. Principal Place of Business

4850 N.E. 10TH AVE.

3. Mailing Address

1421 S. OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

City & State

OAKLAND PARK, FL

City & State

POMPANO BEACH, FL

Zip

Country

33334

USA

Zip

Country

33062

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANK, JOHN A
1421 SO. OCEAN DR., #207
POMPANO BEACH FL 33062

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	FRANK, JOHN A	
STREET ADDRESS	1421 SO. OCEAN DR., #207	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PIVIT/SD/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, JOHN A	
STREET ADDRESS	1421 S. OCEAN BLVD #207	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER ROSSLER	
STREET ADDRESS	1031 SW 50TH AVENUE	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2000 954.784.5526
Date Daytime Phone #

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90162 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)