

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90347 048 ***150.00

0343750 AV

DOCUMENT # P99000062265

1. Entity Name

TRADEMARK MECHANICAL, INC.

Principal Place of Business

**2700 W CYPRESS CREEK RD. SUITE A-107
 FT LAUDERDALE FL 33309**

Mailing Address

**41 NE 56 STREET
 FORT LAUDERDALE FL 33334**

2. Principal Place of Business

41 NE 56 Street
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUD.

City & State

FLA

4. FEI Number

69-0938164

Applied For
 Not Applicable

Zip

33334

Country

USA

Zip

33334

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HEFFNER, LISA J
 2700 W CYPRESS CREEK RD, SUITE A-107
 FT LAUDERDALE FL 33309**

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/02
 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, 2002 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

TITLE **PD** ☐ Delete
 NAME **CROASDALE, JOSEPH E**
 STREET ADDRESS **1233 NW 89 DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **STV** ☐ Delete
 NAME **HEFFNER, LISA J**
 STREET ADDRESS **41 NE 56 ST**
 CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02 904 771 9990
 Date Daytime Phone #

CR2E034 (9/01)