

2000 UNIFORM BUSINESS REPORT (UBR)

5/5

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-05-2000 90032 003 ***150.00

DOCUMENT # P99000075050

1. Entity Name

R.L.N. MECHANICAL CONSTRUCTORS INC.

Principal Place of Business

Mailing Address

3843 N. TANNER RD.
 ORLANDO FL 32826

PMB 307, 4250 ALAFAYA TRAIL STE. 212
 OVIEDO FL 32765-9424

2. Principal Place of Business

3843 N. TANNER RD.

Suite, Apt. #, etc.

3. Mailing Address

PMB 307, 4250 ALAFAYA TRAIL

Suite, Apt. #, etc.

SUITE 212

City & State

ORLANDO FL

City & State

OVIEDO FL

Zip

32826

Country

ORANGE

Zip

32765

Country

SIMINOLE

4. FEI Number

59-3594856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YANDEL, DAVID WAYNE
3843 N. TANNER RD.
ORLANDO FL 32826

7. Name and Address of New Registered Agent

Name

DAVID WAYNE YANDEL

Street Address (P.O. Box Number is Not Acceptable)

3843 N. TANNER RD.

City **ORLANDO**

FL

Zip Code

32826

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

OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVID WAYNE YANDEL	
STREET ADDRESS	3843 N. TANNER RD.	
CITY-ST-ZIP	ORLANDO FL 32826	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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: **DAVID WAYNE YANDEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID WAYNE YANDEL 4/3/00

Date

407-493-5081

Daytime Phone #

CR2ED34 (9/99)