

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/11/00-90003-036-\$150.00-\$150.00

DOCUMENT # **P99000100991**

Entity Name  
**Environmental Control Mechanical Inc.**

FILED

00 JUN -2 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00047965

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**32239 WOLF BRANCH L  
SORRENTO FL 32776**

Principal Place of Business 3. Mailing Address  
**32239 WOLF BRANCH LN  
Suite, Apt. #, etc.**

City & State City & State  
**SORRENTO FL SORRENTO FL**  
Zip Country Zip Country  
**32776 LAKE 32776 LAKE**

4. FEI Number Applied For  
**593613436** Not Applicable

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

6. Name and Address of Current Registered Agent  
**Michael T. STATION  
317 W. MAIN ST  
APOPKA FL 32712**

7. Name and Address of New Registered Agent  
Name **Michael T. STATION**  
Street Address (P.O. Box Number is Not Acceptable)  
**317 W. MAIN ST**  
City **APOPKA** FL Zip Code **32712**

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, typed or printed name of registered agent agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE **4-16-00**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST-ZIP	MICHEAL T. STATION P 32239 WOLFBRANCH LANE SORRENTO, FL 32776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Michael T. Station** President 4-16-00 907-884-0009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)