

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100991

1. Entity Name

ENVIRONMENTAL CONTROL MECHANICAL, INC.

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90028 040 ***150.00

Principal Place of Business

317 W. MAIN STREET
APOPKA FL 32712

Mailing Address

317 W. MAIN STREET
APOPKA FL 32712

2. Principal Place of Business

3113 N. HWY 441

3. Mailing Address

p. o. box 745

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZELLWOOD, FL

City & State

ZELLWOOD, FL

4. FEI Number

59-3613436

Applied For

Not Applicable

Zip

32798

Country

ORANGE

Zip

32798

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STATTON, MICHEAL T
317 W. MAIN ST.
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

STATTON, MICHEAL T

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

3113 N. HWY 441

City

ZELLWOOD

FL

Zip Code

32798

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

MICHEAL T. STATTON, PRESIDENT

JAN 7, 2002

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, 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 P
NAME STATTON, MICHEAL T
STREET ADDRESS 32239 WOLFBRANCH LANE
CITY-ST-ZIP SORRENTO FL 32776 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME STATTON, MICHEAL T
STREET ADDRESS P. O. BOX 745
CITY-ST-ZIP ZELLWOOD, FL 32798 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE

MICHEAL T. STATTON, PRESIDENT 1/7/02 407-884-7795

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)