

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90206 027 ***150.00

DOCUMENT # V48350

1. Entity Name
RESICOM MECHANICAL CONTRACTORS, INC.



Principal Place of Business
**ROUTE 3, BOX 592
MAYO FL 32066**

Mailing Address
**ROUTE 3, BOX 592
MAYO FL 32066**



2. Principal Place of Business

3. Mailing Address

279 N.W. L.J. Frier Dr.

279 N.W. L.J. Frier Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Mayo, Fla.

Mayo, Fla.

Zip

Country

Zip

Country

32066

USA

32066

USA

4. FEE Number **59-3139113**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIER, HERMAN JACKSON JR.

**ROUTE 3 279 NW L.J. Frier Dr.
BOX 592
MAYO FL 32066**

Name

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

279 NW L.J. Frier Drive

City **Mayo**

FL

Zip Code **32066**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FRIER, HERMAN JACKSON JR	
STREET ADDRESS	ROUTE 3 BOX 592 279 NW L.J. Frier Dr.	
CITY-ST-ZIP	MAYO FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FRIER, TERESA B.	
STREET ADDRESS	ROUTE 3 BOX 592 279 NW L.J. Frier Dr.	
CITY-ST-ZIP	MAYO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	279 NW L.J. Frier Drive
CITY-ST-ZIP	Mayo, Fla 32066
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	279 NW L.J. Frier Drive
CITY-ST-ZIP	Mayo, Fla 32066
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa B. Frier

3/14/03

386-294-2508

Date

Daytime Phone #

CR2E034 (10/02)