

2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L86259

Entity Name: IRVINE MECHANICAL, INC.**Current Principal Place of Business:**1500 N ORANGE BLOSSOM TR
ORLANDO, FL 32804**Current Mailing Address:**221 NW IVANHOE BLVD
ORLANDO, FL 32804 US**FEI Number:** 59-3016720**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IRVINE, ROBERT F.
1500 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CEO
Name MAURER, LAWRENCE D
Address 2201 COLLEGE AVENUE
City-State-Zip: DAVIE FL 33317

Title EXECUTIVE VP
Name REYNOLDS, STEPHEN
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146

Title VP
Name IRVINE, CHARLES
Address 1500 N ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL 32804

Title CFO
Name ECHEVERRI, MAURO
Address 2201 COLLEGE AVENUE
City-State-Zip: DAVIE FL 33317

Title COO
Name IRVINE, ALLEN
Address 2201 COLLEGE AVENUE
City-State-Zip: DAVIE FL 33317

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN REYNOLDS

EXECUTIVE VP

08/16/2022

Electronic Signature of Signing Officer/Director Detail_____
Date