

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90035 010 \*\*\*150.00

**DOCUMENT # M73770**

1. Entity Name-

**E. A. C. MECHANICAL, INC.**

*FEI # 1  
WRONG 59-*

*should be  
59-2927044*

Principal Place of Business Mailing Address

**1823 BUTCH CASSIDY  
WIMAUMA FL 33598**

**1823 BUTCH C  
WIMAUMA FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt.

City & State

City & State

Zip

Country

Zip



WRITE IN THIS SPACE

9825

Applied For

Not Applicable

Required

**\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ZUCCARINI, BRUCE E.  
1823-BUTCH CASSIDY  
WIMAUMA FL 33598**

Name

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

City

**FL**

Zip Code

**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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ZUCCARINE, BRUCE E.</b>
STREET ADDRESS	<b>1823-BUTCH CASSIDY</b>
CITY-ST-ZIP	<b>WIMAUMA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ZUCCARINE, PAULA S.</b>
STREET ADDRESS	<b>1823-BUTCH CASSIDY</b>
CITY-ST-ZIP	<b>WIMAUMA FL</b>
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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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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:**

*Bruce E. Zuccarini*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/17/00*  
 Date

*727-864-1486*  
 Daytime Phone #