

DOCUMENT # M73770

1. Entity Name

E. A. C. MECHANICAL, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90080 038 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1823 BUTCH CASSIDY WIMAUMA FL 33598
Mailing Address: 1823 BUTCH CASSIDY WIMAUMA FL 33598

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State, Zip, Country fields for both principal and mailing addresses.

4. FEI Number: 59-2239825
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: ZUCCARINI, BRUCE E. 1823-BUTCH CASSIDY WIMAUMA FL 33598

7. Name and Address of New Registered Agent: Name, Street Address, City, State (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, DATE, (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

Table with 2 columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include ZUCCARINE, BRUCE E. and ZUCCARINE, PAULA S.

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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 titles empowered.

SIGNATURE: [Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 01/01/01
Daytime Phone #: 727-864-1486

CR2E034 (10/00)