2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90184 012 ***150.00

DOCUMENT # 658186

1. Entity Name

MOBILE HOME ELECTRIC & AIR, INC.

Principal Place of Business	Mailing Address
HWY 40 EAST RT 2 BOX 210 SILVER SPRINGS FL 32688 US	12426 E HIGHWAY 40 SILVER SPRINGS FL 34488-2564 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12426 E. Hwy. 40	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Silver Springs, FL	City & State
Zip: 34488 Country: U.S.	Zip Country

4. FEI Number 59-2053534 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUCE, PATRICK
15600 VINOLE DRIVE
MONTVERDE FL 34756

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	P LUCE, PATRICK 15600 VINOLA DRIVE MONTEVERDE FL 34756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Luce, Patrick 1501 Orange Ave Tavares, FL 32778	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRANSON, JAMES J 5825 SE 184TH TERR OKLAWAHA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Patrick Luce 2-22-00 352-625-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #