

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90047 035 ***150.00

0033188

DOCUMENT # 658186

1. Entity Name

MOBILE HOME ELECTRIC & AIR, INC.

Principal Place of Business

12426 E HWY 40
 SILVER SPRINGS FL 34488
 US

Mailing Address

12426 E HIGHWAY 40
 SILVER SPRINGS FL 34488
 US

604816



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2053534**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Luca, Patrick

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

1501 Orange Ave

City

Tavares

FL

Zip Code

32778

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

Patrick Luce **President**

1-5-01

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, 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

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **LUCE, PATRICK**
 STREET ADDRESS **1501 ORANGE AVE**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **V** ☐ Delete
 NAME **BRANSON, JAMES J**
 STREET ADDRESS **5825 SE 184TH TERR**
 CITY-ST-ZIP **OKLAWAHA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Patrick Luce **Patrick Luce**

Date

Daytime Phone #

1-5-01

352-625-5100

CR2E034 (10/00)