**2001 UNIFORM BUSINESS REPORT (UBR)** 

## Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # 706978** 01-25-2001 90107 002 \*\*\*\*61.25 THE FLORIDA ELECTRONIC SALES AND SERVICE ASSOCIA Principal Place of Business Mailing Address 1409 GLENDALE RD 1409 GLENDALE RD JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For 23-7406774 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, BILLY F 1409 GLENDALE RD JACKSONVILLE FL 32216 City 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 (NOTE: Registered Agent signature required when reinstating) Stanature, typed or printed na FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. BOUZE MARGE ON 13836 WALSINGHAM RA-Delete TITLE Addition TITLE SARRETT, BRUCE NAME NAME STREET ADDRESS 927 S EDGEWOOD AVE STREET ADDRESS LARGO, FL. 33774 CITY-ST-7IP CITY-ST-ZIP JAX FL 32205 RENCESSON 7247ADELECT TITLE V.P. Addition TITLE ☐ Delete ☐ Change EUBANKS, JOHN NAME NAME 5323-3 FIRESTONE STREET ADDRESS STREET ADDRESS IAX, FC .. 32277 CITY-ST-ZIP JAAX FL 32210 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE SCOTT, LARRY STREET ADDRESS 507 S. LAKE PARKER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Delete Change ☐ Addition TITLE TIT! F BLUZE, MARGE NAME NAME STREET ADDRESS 13836 WALSINGHAM RD STREET ADDRESS CITY-ST-ZIP. LARGO FL 33774 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change WILLIAMS, BILLY NAME NAME 1409 GLENDALE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Deiete TITLE TITLE Change ☐ Addition PARKS, JIM NAME NAME 3407 CARNS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIF

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empower

SIGNATURE:

**FILED**