

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

0061129

**DOCUMENT # 742012**

04-03-2001 90062 048 \*\*\*\*61.25

1. Entity Name

**INDEPENDENT ELECTRICAL CONTRACTORS-FWCC, INC.**

Principal Place of Business

Mailing Address

**9500 KOGER BV STE 103  
 ST. PETERSBURG FL 33702-9433**

**9500 KOGER BV STE 103  
 ST. PETERSBURG FL 33702-9433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1849807**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Registered Agent change effective~~  
~~SCHMID, THOMAS W.~~  
 9500 KOGER BV STE 103  
 ST PETERSBURG FL 33702

*1 April 01*

Name **BOMBAUGH, K. DAVID**  
 Street Address (P.O. Box Number is Not Acceptable)  
*Same*  
 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 *K. David Bombaugh*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1 April 01*  
 DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>DV</del>	<input type="checkbox"/> Delete
NAME	LOCICERO, ANTHONY	
STREET ADDRESS	2515 E. HANNA	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	<del>DST</del>	<input type="checkbox"/> Delete
NAME	WOOTEN, BUD	
STREET ADDRESS	6520 125TH AVE N	
CITY-ST-ZIP	LARGO, FL 00000 34643	
TITLE	D	<input type="checkbox"/> Delete
NAME	PULEO, PAUL	
STREET ADDRESS	4301 W SOUTH AVE	
CITY-ST-ZIP	TAMPA, FL 00000 33614	
TITLE	<del>DP</del>	<input type="checkbox"/> Delete
NAME	LIGHTNER, JERRY	
STREET ADDRESS	9500 KOGER BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEEDY, CECIL	
STREET ADDRESS	1400 STATE RD 37 S	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRIMI, STEVE	
STREET ADDRESS	2415 DESTANY WAY SUITE 1	
CITY-ST-ZIP	ODESSA FL 33556	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE, P. H	
STREET ADDRESS	3715 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL 33619	

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 title empowered.

SIGNATURE: *Jerry Lightner DST 3/29/01 (727) 530-0077*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)