

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

0041636

DOCUMENT # 742012

1. Entity Name

INDEPENDENT ELECTRICAL CONTRACTORS-FWCC, INC.

02-14-2002 90002 038 ****61.25

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

4. FEI Number

59-1849807

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOMBAUGH, DAVID K
9500 KOGER BV STE 103
ST. PETERSBURG FL 33702

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	LOCICERO, ANTHONY	
STREET ADDRESS	2515 E. HANNA	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	P	<input type="checkbox"/> Delete
NAME	WOOTEN, BUD	
STREET ADDRESS	6520 125TH AVE N	
CITY-ST-ZIP	LARGO FL 34643	
TITLE	D	<input type="checkbox"/> Delete
NAME	PULEO, PAUL	
STREET ADDRESS	4301 W SOUTH AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DST	<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	<input 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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowered.

SIGNATURE: *[Signature]* **EXECUTIVE DIRECTOR** 1/30/02 727-577 7353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)