

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90300 011 ****61.25

DOCUMENT # **742012**

1. Entity Name
INDEPENDENT ELECTRICAL CONTRACTORS-FWCC, INC.



Principal Place of Business
**9500 KOGER BV STE 103
ST. PETERSBURG FL 33702-9433**

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



CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David Bombaugh*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida 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 checked="" type="checkbox"/> Delete
NAME	LEEDY, CECIL	
STREET ADDRESS	1400 STATE RD 37 S	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRIMI, STEVE	
STREET ADDRESS	2415 DESTANY WAY SUITE 1	
CITY-ST-ZIP	ODESSA FL 33556	

TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERB DOYLE	
STREET ADDRESS	3415 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL 33819	
TITLE	NP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM ZANICCHI	
STREET ADDRESS	3899 ULMERTON RD SUITE R	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	ST/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE MULLANEY	
STREET ADDRESS	2220-1ST AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD WHITE	
STREET ADDRESS	2027-2ND AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOM PENNER	
STREET ADDRESS	7199-30TH AVE N.	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
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: *Michael Mullaney* **Michael Mullaney, Treas.** 1-27-03 727-328-1700

CR2E037 (10/02)