

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744403

1. Entity Name

ELECTRICAL CONTRACTORS ASSOCIATION OF NORTHWEST

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90026 027 ****61.25

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 201 SO 'F' STR PENSACOLA FL 32501 US | 201 SO 'F' STR PENSACOLA FL 32501-4527 US |



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 | Applied For |
| 59-2072922 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |

6. Name and Address of Current Registered Agent

KELSON, MICHELE B
201 SOUTH 'F' STREET
PENSACOLA, FL LP 32501

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|-----------------------------|--|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|--|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------|
| TITLE | PD |
| NAME | MCCOMBS, MIKE |
| STREET ADDRESS | 604 CANAL ST |
| CITY-ST-ZIP | MILTON FL |
| TITLE | TD |
| NAME | SANDERS, JOHN |
| STREET ADDRESS | 8195 KIPLING STREET |
| CITY-ST-ZIP | PENSACOLA FL 32514 |
| TITLE | D |
| NAME | MCCRAY, MIKE |
| STREET ADDRESS | 372 W ROBERTS RD |
| CITY-ST-ZIP | CANTONMENT FL |
| TITLE | SD |
| NAME | WILLIAMS, GREG |
| STREET ADDRESS | 76 EAST 9 MILE RD |
| CITY-ST-ZIP | PENSACOLA FL 32516 |
| TITLE | VD |
| NAME | LACOSTE, SCOTT |
| STREET ADDRESS | 1814 BLACKBIRD LANE |
| CITY-ST-ZIP | PENSACOLA FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|-----------------------|
| TITLE | D |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | SD |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | D |
| NAME | David Hawkins |
| STREET ADDRESS | 9220 Pine Forest Road |
| CITY-ST-ZIP | Pensacola FL 32534 |
| TITLE | VD |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | PD |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | TD |
| NAME | Steve Joiner |
| STREET ADDRESS | 55 South "A" Street |
| CITY-ST-ZIP | Pensacola FL 32501 |

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: SCOTT LACOSTE 4/26/200 850-433-5391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)