

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90077 004 ***150.00

DOCUMENT # F95000001905

1. Entity Name

PORT CITY ELECTRICAL SUPPLY, INC.

Principal Place of Business

612 E 69TH ST
 SAVANNAH GA 31416
 US

Mailing Address

20 N. ORANGE AVENUE, STE 200
 ORLANDO FL 32801-4604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3305238

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, A STEWART JR	NAME	
STREET ADDRESS	20 N. ORANGE AVENUE, STE 200	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTERFIELD, BENJAMIN P	NAME	
STREET ADDRESS	20 N ORANGE AVE STE 200	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, DAVID H	NAME	
STREET ADDRESS	20 N. ORANGE AVENUE, STE 200	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, DAVID H	NAME	
STREET ADDRESS	20 N. ORANGE AVENUE, STE 200	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	SAT <input type="checkbox"/> Delete	TITLE	AS/AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JAY	NAME	
STREET ADDRESS	20 N. ORANGE AVENUE, STE 200	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A. Stewart Hall, Jr. 4-3-00 841-4700

C0059297



DO NOT WRITE IN THIS SPACE

CR20034 / 0/00