

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90853 005 ***150.00

FORM 60201/01

DOCUMENT # F96000006411

1. Entity Name
SAMMARCO ELECTRIC COMPANY, INC.



Principal Place of Business
**1183 N. MCLEAN BLVD.
MEMPHIS TN 38108**

Mailing Address
**1183 N. MCLEAN BLVD.
MEMPHIS TN 38108**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
62-1198144

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMMARCO, MARIO
7083 LAFAYETTE
PINELLAS PARK FL 33781**

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 *Mario Sammarco*

2/27/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SAMMARCO, TIM	
STREET ADDRESS	1918 HIDDEN OAKS	
CITY-ST-ZIP	GERMANTOWN TN 38138	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAMMARCO, FANNIE	
STREET ADDRESS	1530 WOLF BEND RD	
CITY-ST-ZIP	GERMANTOWN TN 38138	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAY, BEVERLY	
STREET ADDRESS	3320 DON VALLEY DR	
CITY-ST-ZIP	BARTLETT TN 38133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tim Sammarco, PRESIDENT*

2/26/03 901-728-4173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/02)