

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90747 008 ***150.00

DOCUMENT # G21573

1. Entity Name
CONELEC OF FLORIDA, INC.



Principal Place of Business
721 CORNWALL ROAD
SANFORD FL 32773
US

Mailing Address
721 CORNWALL ROAD
SANFORD FL 32773
US

2. Principal Place of Business
421 CORNWALL ROAD
Suite, Apt. #, etc.

3. Mailing Address
421 CORNWALL ROAD
Suite, Apt. #, etc.

City & State
SANFORD, FL 32773

City & State
SANFORD, FL 32773

4. FEI Number **59-2281200**

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

LANDIS, DAVID M.
SUITE 600 TWO LANDMARK CENTER
225 EAST ROBINSON STREET
ORLANDO FL 32801

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

SIGNATURE _____
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

TITLE **PTS** ☐ Delete
NAME **THOMSON, ROGER B**
STREET ADDRESS **2675 S DESIGN CT MC PARK**
CITY-ST-ZIP **SANFORD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ADDRESS CHANGE ONLY** ☒ Change ☐ Addition
NAME
STREET ADDRESS **550 POP ASH CT.**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: *Robert Thomson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/03

Date

407 321-9000

Daytime Phone #

CR2E034 (10/02)