

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90009 047 ***150.00

DOCUMENT # G59791

1. Entity Name
MADER ELECTRIC, INC.

Principal Place of Business

7260 15TH ST EAST
SARASOTA FL 34234
US

Mailing Address

~~7260 15TH ST EAST~~
SARASOTA FL 34243
US

2. Principal Place of Business

3. Mailing Address

7414 Westmoreland Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State **Sarasota FL.**

4. FEI Number

59-2328613

Applied For

Not Applicable

Zip

Country

Zip

34243

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

JEFFRIES, MICHAEL R.

~~7260 15TH ST EAST~~
SARASOTA FL 34243

Name

Street Address (P.O. Box Number is Not Acceptable)

7414 WESTMORELAND DR.

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

Patricia L. Jeffries

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, 2002 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

TITLE PD ☐ Delete
NAME JEFFRIES, MICHAEL R.
STREET ADDRESS 7260-15TH ST EAST
CITY-ST-ZIP SARASOTA FL

TITLE PD ☒ Change ☐ Addition
NAME Jeffries Michael R.
STREET ADDRESS 7414 Westmoreland Dr
CITY-ST-ZIP Sarasota FL.

TITLE VSD ☐ Delete
NAME JEFFRIES, PATRICIA L
STREET ADDRESS 7260-15TH ST EAST
CITY-ST-ZIP SARASOTA FL

TITLE VSD ☒ Change ☐ Addition
NAME Jeffries Patricia L
STREET ADDRESS 7414 Westmoreland Dr
CITY-ST-ZIP Sarasota FL.

TITLE VTD ☐ Delete
NAME JEFFRIES, PAUL J
STREET ADDRESS 7260-15TH ST EAST
CITY-ST-ZIP SARASOTA FL

TITLE VTD ☒ Change ☐ Addition
NAME Jeffries Paul J
STREET ADDRESS 7414 Westmoreland Dr
CITY-ST-ZIP Sarasota FL.

TITLE AS ☐ Delete
NAME LE, KAREN N
STREET ADDRESS 7260-15TH ST EAST
CITY-ST-ZIP SARASOTA FL

TITLE AS ☒ Change ☐ Addition
NAME Le, Karen N.
STREET ADDRESS 7414 Westmoreland Dr
CITY-ST-ZIP Sarasota FL.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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:

Patricia L. Jeffries **PATRICIA L JEFFRIES** 1/10/2002 941-360-8298
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)