

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90008 042 \*\*\*150.00

**DOCUMENT # J47719**

1. Entity Name

**UNLIMITED ELECTRICAL SERVICES, INC.**

Principal Place of Business 7474-128th St. N SEMINOLE FL 33776 US	Mailing Address P.O. BOX 7014 SEMINOLE FL 33775-7014 US
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*814 BEACH TRAIL UNIT B INDIAN ROCKS BEACH, FL. 33785*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address. P.O. Box 1018 Suite, Apt. #, etc.
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City & State INDIAN ROCKS BEACH, FL.	4. FEI Number 59-2742589	Applied For <input type="checkbox"/> Not Applicable
Zip 33785	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDREWS, WILLIAM H.**  
**7474-128TH ST N**  
**SEMINOLE FL 3377**

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 \_\_\_\_\_

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDREWS, WILLIAM H. 7474-128TH ST N SEMINOLE FL 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAILING ADDRESS P.O. BOX 1018 INDIAN ROCKS BEACH FL. 33785 (STREET ADDRESS - 814 BEACH TRAIL, UNIT B I.R.B., FL. 33785)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ANDREWS, PAMELA 7474-128TH ST N SEMINOLE FL 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME
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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: *PAMELA ANDREWS* PAMELA ANDREWS 4/4/2000 (727) 517-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)