

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90140 028 \*\*\*150.00

**DOCUMENT # K15302**

1. Entity Name  
**M.G.M. ELECTRIC, INC.**

Principal Place of Business  
**13920 LAKE MAGDALENE BLVD.**  
**TAMPA FL 33618**  
**US**

Mailing Address  
**13805 GOOD LIFE RD**  
**TAMPA FL 33618**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

*13920 Lake Magdalene Blvd*  
*Tampa FL*  
*33618-2318 Hillsborough*

4. FEI Number	59-2887004	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARK MARCHESE**  
**13920 LAKE MAGDALENE BLVD.**  
**TAMPA FL 33618**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00 <sup>150.00</sup> See letter**  
**After September 13, 2002 Fee will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>MARCHESE, MARK</b> <b>13920 LAKE MAGDALENE BLVD.</b> <b>TAMPA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARCHESE, MARK</b> <b>13920 LAKE MAGDALENE BLVD.</b> <b>TAMPA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARK MARCHESE DATE: 7-18-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

MGM Electric Co.

K15302

MARK G. MARCHESE 13920 Lake Magdalene Blvd., Tampa, FL 33618 • (813) 960-4876

Fed ID 59-2887004

RE: Uniform Business Report 2002

7-18-02 971122

Dear Department of State:

After returning from out of town emergency, we found the form showing we have missed an invoice for our corporate tax.

We have been experiencing problems with our mail. We did not receive mail for 5 days just recently. The post office states our route is in limbo and we will have substitutes with a different one each day. Consequently, ~~we~~ we have been experiencing lost mail almost all year. It is suppose to be fixed in September with a permanent carrier.

We did not receive the first invoice. I spoke to Steve today at 1-850-488-9000 today. He said to write a letter and explain and attach a check for \$150.00. Also I am changing the mailing address. Hopely that will fix it for next year.

Thank you for your time and your employees at that number are very nice.

Sincerely,

Mark G. Marchese President

M.G.M. Electric Inc