

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90161 025 \*\*\*150.00

**DOCUMENT # L58393**

1. Entity Name

**MR. ELECTRIC & ASSOCIATES, INC.**

Principal Place of Business

**920 N.W. FIRST ST.  
FT. LAUDERDALE FL 33311**

Mailing Address:

**920 N.W. FIRST ST.  
FT. LAUDERDALE FL 33311**

2. Principal Place of Business

**4053 PETERS RD**

Suite, Apt. #, etc.

3. Mailing Address

**4053 PETERS RD**

Suite, Apt. #, etc.

City & State

**PLANTATION**

City & State

**PLANTATION**

4. FEI Number

**65-0181735**

Applied For

Not Applicable

Zip

**33317**

Country

**BROWARD**

Zip

**33317**

Country

**BROWARD**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KOTRADY, KEN**

**920 N.W. 1ST ST**

**FT. LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name

**KEN J. KOTRADY**

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

**4053 PETERS ROAD**

City

**FORT LAUDERDALE FL**

Zip Code

**33317**

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

*Ken Kotrady*

Signature, typed or printed name of registered agent and third party applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-15-02**

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

TITLE **DPS** ☐ Delete  
NAME **KOTRADY, KEN J.**  
STREET ADDRESS **11841 TARA DR**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **DVT** ☐ Delete  
NAME **SMITH, WILLIAM J.**  
STREET ADDRESS **2623 N.W. 9 TERR.**  
CITY-ST-ZIP **FT. LAUDERDALE 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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:

*Ken Kotrady* **KEN J. KOTRADY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-15-02 954-792-6710**

CR2E034 (9/01)