

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90071 020 \*\*\*158.75

DOCUMENT # **L64815**

1. Entity Name  
**THOMAS E. RICHMOND ELECTRIC, INC.**

Principal Place of Business  
**3086 ENTERPRISE RD**  
**FT. PIERCE FL 34982**  
**US**

Mailing Address  
**3086 ENTERPRISE RD**  
**FT. PIERCE FL 34982**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0182447**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHMOND, THOMAS E.**  
**2717 S. 19TH ST.**  
**FT. PIERCE FL 34982**

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

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  Delete  
 NAME **PD RICHMOND, THOMAS E**  
 STREET ADDRESS **2717 S 19TH STREET**  
 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE  Change  Addition  
 NAME **V WALDRON, SHARON**  
 STREET ADDRESS **6869 NW DRAGON STREET**  
 CITY-ST-ZIP **PORT ST LUCIE, FL 34983**

TITLE  Delete  
 NAME **V RICHMOND, CHRISTOPHER W.**  
 STREET ADDRESS **608 DARK HAMMOCK RD**  
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE  Change  Addition  
 NAME **V RICHMOND, MELISSA S.**  
 STREET ADDRESS **2717 S 19TH STREET**  
 CITY-ST-ZIP **FT. PIERCE, FL 34982**

TITLE  Delete  
 NAME **DST RICHMOND, JACKIE B.**  
 STREET ADDRESS **2717-S. 19TH ST.**  
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE  Addition  
 NAME  
 STREET ADDR  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V RICHMOND, THOMAS E II**  
 STREET ADDRESS **914 DELAWARE AVENUE**  
 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE  Addition  
 NAME  
 STREET ADDR  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V LEACH, NICOLE R**  
 STREET ADDRESS **2717 S 19TH ST**  
 CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE  Addition  
 NAME  
 STREET ADDR  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V KIMMELMAN, STEPHANIE R**  
 STREET ADDRESS **6032 NW RELIEF COURT**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE  Addition  
 NAME  
 STREET ADDR  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature as officer of the corporation or the receiver or trustee empowered to execute this report as required by law, has not been changed, or on an attachment with an address, with all other like empowered.

*had*  
 I have these names on here to add the last 3 years and they never get added. Please add these.  
 attachment # **L64815** Thank you

SIGNATURE: *Thomas E. Richmond* **THOMAS E. RICHMOND** 02/27/02 772-461-1951  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)