

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90131 005 \*\*\*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

Zip

Country

Zip

Country

4. FEI Number **65-0182447**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RICHMOND, THOMAS E</b> <b>2717 S 19TH STREET</b> <b>FORT PIERCE FL 34950</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RICHMOND, CHRISTOPHER W.</b> <b>608 DARK HAMMOCK RD</b> <b>FT. PIERCE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>RICHMOND, JACKIE B.</b> <b>2717 S. 19TH ST.</b> <b>FT. PIERCE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RICHMOND, THOMAS E II</b> <b>914 DELAWARE AVENUE</b> <b>FORT PIERCE FL 34950</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LEACH, NICOLE R</b> <b>2717 S 19TH ST</b> <b>FORT PIERCE FL 34982</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KIMMELMAN, STEPHANIE R</b> <b>6032 NW RELIEF COURT</b> <b>PORT SAINT LUCIE FL 34983</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Waldron, Sharon</b> <b>6869 N.W. Dragon Street</b> <b>Port St Lucie Fl 34983</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Richmond, Melissa S.</b> <b>2717 S 19th Street</b> <b>Ft. Pierce Fl 34982</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>McWhorter, Melissa Richmond</b> <b>1756 W Sanderling Lane</b> <b>Ft Pierce Fl 34982</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Thomas E Richmond* **THOMAS E RICHMOND** **Thomas E Richmond** 4/9/03 772-461-1951  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/02)