

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075127

1. Entity Name

TOM CULPEPPER ELECTRIC, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90009 022 ***158.75

Principal Place of Business

Mailing Address

7047 SHELLFISH CT
NAVARRE FL 32566
US

7047 SHELLFISH CT
NAVARRE FL 34956-1976

2. Principal Place of Business

3. Mailing Address

7101 Springhaven Estates
Suite, Apt. #, etc.

P.O. Box 1976
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Indiantown, FL

Indiantown, FL

Zip
34956

Country
U.S.A.

Zip
34956

Country
U.S.A.

4. FEI Number 59-3338549

Applied For

Not Applied For

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CULPEPPER, TOM
7101 SPRINGHAVEN ESTATES
INDIANTOWN FL 34956

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CULPEPPER, TOM
7101 SPRINGHAVEN ESTATES
INDIANTOWN FL 34956

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #