

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90348 029 ***150.00

0022695

DOCUMENT # P97000102502

1. Entity Name
SIKES ELECTRIC CO.

Principal Place of Business 8787 SOUTHSIDE BLVD #5410 JACKSONVILLE FL 32256 US	Mailing Address 8787 SOUTHSIDE BLVD #5410 JACKSONVILLE FL 32256 US
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753072



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8787 SOUTHSIDE 1	3. Mailing Address 7701 TIMBERLIN PARK AVE
Suite, Apt. #, etc. 1418	Suite, Apt. #, etc. 1418

City & State JAX 71 32256	City & State JAX 71 32256
Zip 32256	Zip 32256
Country USA	Country USA

4. FEI Number 59-3481775	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SIKES, WILLIAM T
8787 SOUTHSIDE BLVD
#5410
JACKSONVILLE FL 32256

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.
 SIGNATURE William T Sikes DATE 4-24-01
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 \$150.00 After MAY 1, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SIKES, WILLIAM T 8787 SOUTHSIDE BLVD JACKSONVILLE FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SIKES WILLIAM T 7701 TIMBERLIN PARK AVE JAX 71 32256
	☐ Delete		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ 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: William T Sikes **WILLIAM T SIKES** 4-24-01 904 237 2890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)