

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V14574**

1. Entity Name

CARLOS HOPE ELECTRIC, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90090 038 ***150.00

Principal Place of Business

**2352 N.E. 18TH TERRACE
 GAINESVILLE FL 32609**

Mailing Address

**2352 N.E. 18TH TERRACE
 GAINESVILLE FL 32609-3240**

2. Principal Place of Business

2386 N.E. 18TH TERRACE

3. Mailing Address

2386 N.E. 18TH TERRACE

Suite, Apt. #, etc.
SUITE B

Suite, Apt. #, etc.
SUITE B

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-3107595

Applied For

Not Applicable

Zip

Country
ALACHUA

Zip

Country
ALACHUA

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

**HOPE, CARLOS M., JR.
 2386 NE 18TH TERR SK B
 GAINESVILLE FL 32609**

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 _____ DATE _____
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOPE, CARLOS M., JR. 2352 N.E. 18TH TERRACE GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOPE, NANCY B 2352 NE 18TH TERR GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TATE, JOE L 2352 NE 18TH TERR GAINESVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nancy B Hope* **REQUIRED** 4/25/00 352-312-16354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE