

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044488

1. Entity Name

FITZPATRICK ELECTRICAL INC

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90145 006 \*\*\*150.00

Principal Place of Business

4006 SUNRISE BLVD  
FT PIERCE FL 34982  
US

Mailing Address

4006 SUNRISE BLVD  
FT PIERCE FL 34982-6972  
US

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 **65-0624300**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FITZPATRICK, JERRY M  
4006 SUNRISE BLVD  
FT PIERCE FL 34982

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

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	FITZPATRICK, JERRY M	
STREET ADDRESS	4006 SUNRISE BLVD	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	FITZPATRICK, ANTHONY C	
STREET ADDRESS	2602 SO 16TH ST	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	<b>TS</b>	<input checked="" type="checkbox"/> Delete
NAME	FITZPATRICK, TONI	
STREET ADDRESS	4006 SUNRISE BLVD	
CITY - ST - ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY M. FITZPATRICK (SON)	
STREET ADDRESS	4006 SUNRISE BLVD	
CITY - ST - ZIP	FT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Jerry M. Fitzpatrick JERRY M. FITZPATRICK (PRESIDENT) 4-11-00 1561-445-4552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #