

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L43347**

1. Entity Name

**AIR & ELECTRIC DEPOT, INC.**

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90479 048 \*\*\*150.00

Principal Place of Business

% JOSEPH H. KINGSLAND  
9130 NW S. RIVER DR.  
MEDLEY FL 33166

Mailing Address

% JOSEPH H. KINGSLAND  
9130 NW S. RIVER DR.  
MEDLEY FL 33166-2108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0169662**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KINGSLAND, JOSEPH H.  
9130 NW S. RIVER DR.  
MEDLEY FL 33166

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CALVO, JOSE	
STREET ADDRESS	7622 SW 96 CT	
CITY-ST-ZIP	MIAMI FL 33123	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALVO, JUAN	
STREET ADDRESS	9130 N.W. SOUTH RIVER DR	
CITY-ST-ZIP	MEDLEY FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CALVO, JUAN	
STREET ADDRESS	9130 NW S RIVE DR	
CITY-ST-ZIP	MEDLEY 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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jose Calvo* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/00* *305-884-8206*

Date

Daytime Phone #

CR2E034 (9/99)