

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90325 034 \*\*\*150.00

0552456

**DOCUMENT # 677934**

1. Entity Name

**REEVES ELECTRIC, INC.**

Principal Place of Business

**3980 S.E. 45TH COURT  
 Ocala FL 34480  
 US**

Mailing Address

**3980 S.E. 45TH COURT  
 Ocala FL 34480  
 US**

2. Principal Place of Business

**4821 SE 53rd Ave**

3. Mailing Address

**PO Box 830400**

Suite, Apt. #, etc.

**Unit D**

Suite, Apt. #, etc.

City & State

**Ocala FL**

City & State

**Ocala FL**

Zip

**34480**

Country

**USA**

Zip

**34483-0400**

Country

**USA**

6. Name and Address of Current Registered Agent

**MAYNARD, GROVER L  
 1025 SE 170 ST.  
 SUMMERFIELD FL 34491**

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, 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

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MAYNARD, GROVER L</b>	
STREET ADDRESS	<b>1025 SE 170 ST.</b>	
CITY-ST-ZIP	<b>SUMMERFIELD FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SNODGRASS, GREGORY M</b>	
STREET ADDRESS	<b>1091 SE 162 PLACE</b>	
CITY-ST-ZIP	<b>SUMMERFIELD FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>MANN, JAMES H JR</b>	
STREET ADDRESS	<b>16799 SE C-475</b>	
CITY-ST-ZIP	<b>SUMMERFIELD FL</b>	
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		<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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*James H Mann*

**JAMES H. MANN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-01 (352) 245-9810**

Date

Daytime Phone #

CR2E034 (10/00)