

2000 UNIFORM BUSINESS REPORT (UBR)

0098103

DOCUMENT # 176428

1. Entity Name

ELECTRIC MOTOR REPAIR CORP

FILED

01 APR 27 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

15 SOUTH PARRAMORE ST
ORLANDO FL 32805

15 SOUTH PARRAMORE ST
ORLANDO FLA 32805-1827

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

59-0737826

Applied For

Not Applicable

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

ARNOLD, WESLEY C.
15 S PARRAMORE AVE
ORLANDO FL 32805

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

Wesley C. Arnold

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

X 4-25-01

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 PT
NAME ARNOLD, WESLEY C.
STREET ADDRESS 15 S. PARRAMORE AVENUE
CITY-ST-ZIP ORLANDO, FL 00000

☐ Delete

TITLE S
NAME ARNOLD, DEBORAH J.
STREET ADDRESS 15 S PARRAMORE AVE.
CITY-ST-ZIP ORLANDO FL

☐ Delete

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STREET ADDRESS -05/09/01--01124--010
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1:19.07(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:

Wesley C. Arnold - president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

407/425-0577

Daytime Phone #

CP2E034 (9/99)