## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 177001** Apr 07, 2000 8:00 am Secretary of State TUCKER ELECTRIC INCORPORATED 04-07-2000 90080 030 \*\*\*150.00 Mailing Address Principal Place of Business 19248 PHILLIPS ROAD 19248 PHILLIPS ROAD BROOKSVILLE FL 34609-6953 **BROOKSVILLE FL 34609** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0714590 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TUCKER, JAY L Street Address (P.O. Box Number is Not Acceptable) 19248 PHILLIPS RD. **BROOKSVILLE FL 34609** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME TUCKER.JAY L NAME STREET ADDRESS STREET ADDRESS 19248 PHILLIPS ROAD CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL** ☐ Change Addition TITLE ☐ Defete TITLE NAME TUCKER,LINDA L NAME STREET ADDRESS 19248 PHILLIPS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL K** Change Addition TITLE De ete TITLE TUCKER, JEFF L. NAME TUCKER, JEFF L. NAME 10916 WEST OLIVER STREET STREET ADDRESS 7289 - GROVER CLEVELAND BLVD. STREET ADDRESS HOMOSASSA, FI CITY-ST-ZIP CITY-ST-ZIP HOMOSASSA FL ☐ Change Addition De'ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not cualify 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.

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SIGNATURE: Jack Justin Jay 1. Tucker 4/3/00 (352) 196-527