

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 180096**

1. Entity Name

BESCO ELECTRIC SUPPLY COMPANY OF FLORIDA**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90040 049 ***150.00

Principal Place of Business

711 SOUTH 14TH STREET
P.O. BOX 491366
LEESBURG FL 34749-8366

Mailing Address

711 SOUTH 14TH STREET
P.O. BOX 491366
LEESBURG FL 34749-1366
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 **59-0720345**

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

BRAUN, DOUGLAS W.
711 SOUTH 14TH STREET
LEESBURG FL 34748

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 State10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BRAUN, DOUGLAS W
6575 SUNNYSIDE DRIVE
LEESBURG, FL 00000 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
BRAUN, ROBERT M
301 WATERWOOD DR
YALAH FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
BRAUN, ANDREW T
22 LAKEVIEW DR
YALAH FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BRAUN, WILMA F
301 WATERWOOD DR
YALAH FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditorTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditorTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Additor
6585 Sunnyside Drive
Leesburg, FL 34748TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditorTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditorTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Additor

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:*Douglas W. Braun* **Douglas W. Braun President****1-14-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #