

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 180096

1. Entity Name

BESCO ELECTRIC SUPPLY COMPANY OF FLORIDA

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90097 001 \*\*\*150.00

C0013350



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-0720345	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAUN, DOUGLAS W 6575 SUNNYSIDE DRIVE LEESBURG, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRAUN, ROBERT M 301 WATERWOOD DR YALAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BRAUN, ANDREW T 6585 SUNNYSIDE DR LEESBURG FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAUN, WILMA F 301 WATERWOOD DR YALAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/22/2001 352-787.4542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)