

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90022 049 \*\*\*150.00

**DOCUMENT # 192384**

1. Entity Name

**FLORIDA ELECTRIC SERVICE CO., INC.**

Principal Place of Business

Mailing Address

1491 S.W. 21ST AVENUE  
 FT. LAUDERDALE FL 33312

1491 S.W. 21ST AVENUE  
 FT. LAUDERDALE FL 33312-3109

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

**59-0782017**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAHADY, THOMAS R ESQ.**  
**HOUSTON & SHAHADY, P.A.**  
**100 N.E. 3RD AVENUE, SUITE 850**  
**FORT LAUDERDALE FL 33301**

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 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	D	<input type="checkbox"/> Delete
NAME	SIEMS, STEVEN L	
STREET ADDRESS	2412 NASSAU LANE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAICHUK, PAMELA M	
STREET ADDRESS	3011 S W 47 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIEMS, HAROLD CHESTER	
STREET ADDRESS	4268 SW 70 TERRACE	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEMS, LILLIAN MAY	
STREET ADDRESS	4268 SW 70 TERRACE	
CITY-ST-ZIP	DAVIE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIEMS, HAROLD KENNETH	
STREET ADDRESS	3011 S.W. 47TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000	
TITLE		<input type="checkbox"/> Delete
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
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
NAME		
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.

**STEVEN L. SIEMS**

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000 9545876760  
 Date Daytime Phone #

CR2E034 (9/99)