

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 218401

1. Entity Name
SANFORD ELECTRIC COMPANY INC

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90147 024 ***150.00

Principal Place of Business

2522 SOUTH PARK DRIVE
P O BOX 2025
SANFORD FL 32773-5147

Mailing Address

2522 SOUTH PARK DRIVE
P O BOX 2025
SANFORD FL ~~32773-5147~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32772-2025

4. FEI Number

59-0874230

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

HUBLER, BARBARA
910 W 20TH ST
SANFORD FL 32771

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, 2002 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 ☐ Delete
NAME D
STREET ADDRESS HARPER, E C JR
CITY-ST-ZIP 2001 S MELLONVILLE AVE
SANFORD, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS JOHNSON, JERRY
CITY-ST-ZIP 105 MAYFAIR CIRCLE
SANFORD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VD
STREET ADDRESS HARPER, SUE
CITY-ST-ZIP 2001 S MELLONVILLE AVE
SANFORD, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ST
STREET ADDRESS HUBLER, BARBARA
CITY-ST-ZIP 910 W. 20TH ST.
SANFORD FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1304 FOREST DRIVE
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.5.02.

Date

407-322-1562

Daytime Phone #

CR2E034 (9/01)