

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90174 004 ***550.00

0127107 AT

DOCUMENT # 218401

1. Entity Name

SANFORD ELECTRIC COMPANY INC



Principal Place of Business

**2522 SOUTH PARK DRIVE
P O BOX 2025
SANFORD FL 32772-2025**

Mailing Address

**2522 SOUTH PARK DRIVE
P O BOX 2025
SANFORD FL 32772-2025**

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 **59-0874230**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HUBLER, BARBARA
910 W 20TH ST
SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **E. C. Harper, Jr.**
Street Address (P.O. Box Number is Not Acceptable)
4493 S. Atlantic Ave., Apt 406
City **New Smyrna Beach FL** Zip Code **32169**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (Typed name of registered agent or officer or director required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE **ST** ☒ Delete
NAME **HUBLER, BARBARA**
STREET ADDRESS **1304 FOREST DRIVE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☒ Change ☐ Addition
NAME **Harper, EC Jr.**
STREET ADDRESS **4493 S. Atlantic Ave #406**
CITY-ST-ZIP **New Smyrna Beach FL 32169**

TITLE **V** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Harper, Sue**
STREET ADDRESS **4493 S. Atlantic Ave., Apt 406**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **P** ☐ Change ☒ Addition
NAME **Lori Harper**
STREET ADDRESS **433 Bouchelle Drive**
CITY-ST-ZIP **New Smyrna Beach FL 32169**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

8/18/03

Date

407-323-1560

CR2E034 (4/03)