

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90024 022 \*\*\*150.00

**DOCUMENT # 257767**

1. Entity Name

**MITTON ELECTRIC CO**

Principal Place of Business

Mailing Address

**6584 50TH AVENUE NORTH  
ST. PETERSBURG FL 33709****6584 50TH AVENUE NORTH  
ST. PETERSBURG FL 33709-3112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-0971613**

Applied For

Not Applied

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

**GIAMBALVO, JOSEPH  
1012 DREW STREET  
CLEARWATER FL 34615**

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PTD	MITTON, ROBERT T., JR	4100 73RD STREET NORTH	ST PETERSBURG FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
SD	MITTON-COWAN, HOLLY	575 BROWNLEE DRIVE SW	CONCORD FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
VD	CREAGER, WILLIAM S	648 NORMANDY DR	MADEIRA BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>

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 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

Date

Daytime Phone #