DOCU 1. Entity Nam	D UNIFORM BUSI MENT # 377539 LECTRIC, INC.	NESS REPOI	RT (UBR)	M	FILE ar 03, 200 Secretary 03-03-2000 90252 ()0 8:0 of Sta	ate
Principal Plac	e of Business	Mailing Address	····				
2712 20TH AVE NORTH ST PETE FL 33713		2712 20TH AVE NORTH ST PETE FL 33713-4942			C 0 0 3 0 2 4	6	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
City & State		City & State		4. FEI Number	59-1313783	فسوا وحسوا	plied For t Applicable
Zip	_ Country	Zip	Country	5. Certificate of	Status Desired 🕅	\$8.75 Add	litional
	6. Name and Address of Current Re	gistered Agent		7. Name and Ac	Idress of New Registered		
	· ·	_	Name				
COOKE,WALKER A, JR. 12964 OAKHURST RD. SEMINOLE FL 33542			Street Addres	ss (P.O. Box Number is	Not Acceptable)		
			City		FI	Zip Cod	e
8. The above	named entity submits this statement for the	ne purpose of changing its r	egistered office or regis	stered agent, or both, i	n the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE:	Registered Agent signature requ	ulred when reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FE Tax filing requirement and elects to do so. After MAY 1, 2000 Fe (See criteria on back) Make Check Payable to				Trust	on Campaign Financing Fund Contribution.		0 May Be to Fees
11.	OFFICERS AND DI		12	ADDITIONS/CH	IANGES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cocke, Walker A. Sr. 2728 20th Avenue N. St Petersburg Fl	Delete	TITLE NAME STRÆET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cocke, Walker A. Jr. 12964 Oakhurst RD. Seminole Fl	Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP	STD ZUMWALT, JAMES M, JR 315-6TH AVENUE INDIAN ROCKS BCH FL	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
13. I hereby indicated of the co	I certify that the information supplied with th I on this report or supplemental report is tr rporation or the receiver or trustee empow or on an attachment with an address, with	ue and accurate and that my ered to execute this report a	v signature shall have t	ihe same legal effect a	s if made under oath: that i	am an officer	or director
SIGNAT		REPECT		February 23,	2000 (72	27)323-2	288
	Walker A. Cocke	TED NAME OF SIGNING OFFICER O	RDIRECTOR		Date	Daytime Phone #	