

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90027 037 ***158.75

DOCUMENT # 381027

1. Entity Name

M & W ELECTRIC COMPANY, INC

Principal Place of Business

**111 WEST MAIN STREET
 PERRY FL 32347**

Mailing Address

**111 WEST MAIN STREET
 PERRY FL 32347**

2. Principal Place of Business

111 WEST MAIN ST

Suite, Apt. #, etc.

3. Mailing Address

111 WEST MAIN ST

Suite, Apt. #, etc.

City & State

PERRY, FLA.

City & State

PERRY, FLA.

Zip

32347

Country

TAYLOR

Zip

32347

Country

TAYLOR

4. FEI Number

59-1362967

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, MELANIE W
 416 W MAIN STREET
 PERRY FL 32347**

7. Name and Address of New Registered Agent

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.

Melanie W. Cooper

(NOTE: Registered Agent signature required when reinstating)

4-24-02

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

TITLE **PDSO** ☐ Delete
 NAME **WRAY, LOVA B**
 STREET ADDRESS **1205 N. SPRINGFIELD**
 CITY-ST-ZIP **PERRY FL 32347**

TITLE **VT** ☐ Delete
 NAME **COOPER, MELANIE W**
 STREET ADDRESS **416 WEST MAIN ST**
 CITY-ST-ZIP **PERRY FL 32347**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

MELANIE W. COOPER

Melanie W. Cooper V.P.T.

4-24-02

850-584-2322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)