

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 401286

1. Entity Name

TAMCO ELECTRIC INC.

Principal Place of Business

4022 W SOUTH AVE.  
TAMPA FL 33614  
US

Mailing Address

4022 W SOUTH AVE  
TAMPA FL 33614-6553  
US

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

59-1396630

Applied For

Not Applicable

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

MOATES, STEVEN  
18122 WAYNE ROAD  
ODESSA FL 33556

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 | <input type="checkbox"/> Delete     |
|-------|-----------------|--------------------|-------------|-------------------------------------|
| PD    | MOATES, STEVEN  | 4022 W. SOUTH AVE. | TAMPA FL    | <input type="checkbox"/>            |
| VD    | MOATES, MATTHEW | 4022 W. SOUTH AVE  | TAMPA FL    | <input checked="" type="checkbox"/> |
|       |                 |                    |             | <input type="checkbox"/>            |
|       |                 |                    |             | <input type="checkbox"/>            |
|       |                 |                    |             | <input type="checkbox"/>            |
|       |                 |                    |             | <input type="checkbox"/>            |
|       |                 |                    |             | <input type="checkbox"/>            |

| TITLE | NAME            | STREET ADDRESS    | CITY-ST-ZIP      | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|-----------------|-------------------|------------------|---------------------------------|--|
| ST    | MICHELLA MOATES | 4022 W. SOUTH AVE | TAMPA, FL, 33614 | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
|       |                 |                   |                  | <input type="checkbox"/>        | <input type="checkbox"/>                     |
|       |                 |                   |                  | <input type="checkbox"/>        | <input type="checkbox"/>                     |
|       |                 |                   |                  | <input type="checkbox"/>        | <input type="checkbox"/>                     |
|       |                 |                   |                  | <input type="checkbox"/>        | <input type="checkbox"/>                     |
|       |                 |                   |                  | <input type="checkbox"/>        | <input type="checkbox"/>                     |
|       |                 |                   |                  | <input type="checkbox"/>        | <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 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

STEVEN C. MOATES

6-1-2000

Date

813/876-3966

Daytime Phone #

CR2E034 (9/99)

401286

Attachment  
740047

## OFFICER.XLS

M.L.S. OF NAPLES, INC.  
OFFICERS AND DIRECTORS  
AS OF JANUARY 1, 2000

TITLE: P  
NAME: MARDI S. MOORMAN  
STREET ADDRESS: 2500 AIRPORT ROAD  
CITY-ST-ZIP: NAPLES, FLORIDA 34112

TITLE: P/E  
NAME: JOHN STEINWAND  
STREET ADDRESS: 4009 TAMiami TRAIL N. FL - 2  
CITY-ST-ZIP: NAPLES, FLORIDA 34103

TITLE: VP/SEC  
NAME: JAMES A. PILON  
STREET ADDRESS: 1000 9TH STREET NORTH #201  
CITY-ST-ZIP: NAPLES, FLORIDA 34102

TITLE: \_\_\_\_\_  
NAME: RAINER N. FILTHAUF  
STREET ADDRESS: 4001 TAMiami TRAIL, N. STE. 265  
CITY-ST-ZIP: NAPLES, FLORIDA 34103

TITLE: CEO  
NAME: MICHAEL RICHARDSON  
STREET ADDRESS: 1455 PINE RIDGE ROAD  
CITY-ST-ZIP: NAPLES, FLORIDA 34109

TITLE: D  
NAME: JOSEPH S. BALLARINO  
STREET ADDRESS: 10001 TAMiami TRAIL NORTH  
CITY-ST-ZIP: NAPLES, FLORIDA 34108

TITLE: D  
NAME: ALFRED J. DINICOLA  
STREET ADDRESS: 3451 BONITA BAY BL. SUITE 202  
CITY-ST-ZIP: BONITA SPRINGS, FLORIDA 3413

TITLE: D  
NAME: HOWARD M. GUNTER  
STREET ADDRESS: 375 5TH AVENUE SOUTH STE. #2  
CITY-ST-ZIP: NAPLES, FLORIDA 34102

TITLE: D  
NAME: CYNTHIS F. KRUESI  
STREET ADDRESS: 3255 TAMiami TRAIL NORTH  
CITY-ST-ZIP: NAPLES, FLORIDA 34103

TITLE: \_\_\_\_\_  
NAME: BARBARA A. MONAHAN  
STREET ADDRESS: 4130 TAMiami TRAIL NORTH  
CITY-ST-ZIP: NAPLES, FLORIDA 34103

TITLE: D  
NAME: JOHNATHAN D. OGLE  
STREET ADDRESS: 2830 TAMiami TRAIL NORTH  
CITY-ST-ZIP: NAPLES, FLORIDA 34103

TITLE: D  
NAME: KAREN A. SWEATLOCK  
STREET ADDRESS: 3761 TAMiami TRAIL NORTH  
CITY-ST-ZIP: NAPLES, FLORIDA 34103