

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 459678

1. Entity Name

MID STATE ELECTRIC, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90092 004 ***150.00

Principal Place of Business

Mailing Address

**1075A ORIENTA AVE
ALTAMONTE SPGS FL 32701**

**1075A ORIENTA AVE
ALTAMONTE SPGS FL 32701-5015
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1546504

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

**SAVELLE, JOYCE
1075A ORIENTA AVE
ALTAMONTE SPRGS FL 32701**

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	P	<input type="checkbox"/> Delete
NAME	LUCAS, JAMES C	
STREET ADDRESS	1075A ORIENTA AVE	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORRIS, ROBERT H II	
STREET ADDRESS	1075 A ORIENTA AVE	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE	ST.	<input type="checkbox"/> Delete
NAME	SAVELLE, J.	
STREET ADDRESS	1075 A ORIENTA AVE	
CITY-ST-ZIP	ALTOMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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:

Joyce Savelle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAVELLE SEC/TREAS

Date

Daytime Phone #

CR2E034 (9/99)