

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90037 041 ***150.00

DOCUMENT # 463818

1. Entity Name
ADVANCE ELECTRIC OF TAMPA, INC.

Principal Place of Business

WALDEN-SHEFFIELD RD
PO BOX 1360
DOVER FL 33527-2360

Mailing Address

WALDEN-SHEFFIELD RD
PO BOX 1360
DOVER FL 33527-2360

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

59-1746469

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

SMITH, EARL LAMAR

13988 WALDESHEFFIELD RD
DOVER FL 33527

Name

Street Address (P.O. Box Number is Not Acceptable)

13927 WALDEN SHEFFIELD ROAD

City

DOVER

FL

Zip Code

33527

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **SMITH, MARY LOUISE**
STREET ADDRESS **13927 WALDEN-SHEFFELD RD**
CITY-ST-ZIP **DOVER FL**

TITLE **PD** ☐ Delete
NAME **SMITH, EARL LAMAR**
STREET ADDRESS **13988 WALDEN-SHEFFLD RD**
CITY-ST-ZIP **DOVER FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **13927 WALDEN SHEFFIELD ROAD**
CITY-ST-ZIP **DOVER, FL.**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **13927 WALDEN SHEFFIELD ROAD**
CITY-ST-ZIP **DOVER, FL.**

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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)(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: **Earl Lamar Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 (813) 659-0335

Date

Daytime Phone #

CR2E034 (9/01)