

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 467579

1. Entity Name

CONTINENTAL ELECTRICAL CO. OF FLORIDA, INC.

Principal Place of Business

Mailing Address

4432 EDGEWATER DR
ORLANDO FL 32804
US

4432 EDGEWATER DRIVE
ORLANDO FL 32804-1216
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1791702

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LORD, BRENDA L

~~103 BAYBERRY ROAD~~
~~ALTAMONTE SPRINGS FL 32714~~

Name

LORD BRENDA L.

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

751 WILLIAMS DR.

City

WINTER PARK FLORIDA FL

Zip Code

32789

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
LORD, BRENDA
103 BAYBERRY
ALTAMONTE SPRGS FL 32714

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NERO, DOREEN
4432 EDGEWATER DRIVE
ORLANDO, FL 32804

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
STEVENSON, DENNIS
4432 EDGEWATER DR.
ORLANDO, FL 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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☐ Change ☐ Addition
TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-00

407-2990689

CR2E034 (9/99)