

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
 03-15-2001 90016 004 ***150.00

0249635

DOCUMENT # 470565

1. Entity Name
PEDERSEN ELECTRIC, INC.

Principal Place of Business
**3530 N.W. 10TH AVENUE
 FORT LAUDERDALE FL 33309**

Mailing Address
**3530 N.W. 10TH AVENUE
 FORT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1702678**

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

**ODZIMOWSKI, CONSTANCE
 4041 N. HARBOR CITY BLVD.
 MELBOURNE FL 32935**

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, 2001 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 **VS**
 NAME **PEDERSEN, CHARLES E.**
 STREET ADDRESS **1380 SW 57TH AVE.**
 CITY-ST-ZIP **PLANTATION FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **AV**
 NAME **PEDERSEN, JEANNETTE V.**
 STREET ADDRESS **4131 N HARBOR CITY BLVD**
 CITY-ST-ZIP **MELBOURNE FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PT**
 NAME **PEDERSEN, LINDA**
 STREET ADDRESS **1380 SW 57TH AVE.**
 CITY-ST-ZIP **PLANTATION FL**

☐ Delete

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 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Linda Pedersen, Pres. **3/12/01**

Date

Daytime Phone #

954-537-5589

CR2E034 (10/00)