

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 498689

1. Entity Name

ISLAND ELECTRIC, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90012 018 ***150.00

Principal Place of Business Mailing Address
POST OFFICE BOX 332 POST OFFICE BOX 332
OVERSEAS HIGHWAY # 1 OVERSEAS HIGHWAY # 1
ISLAMORADO FL 33036 ISLAMORADO FL 33036-0332

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 59-1658004 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

MCGRAW, THEODORE T
74920 OVERSEAS HWY
ISLAMORADA FL 33036

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 PD ☐ Delete
NAME MCGRAW, THEODORE T.
STREET ADDRESS 142 SAPODILLA DR
CITY-ST-ZIP ISLAMORADA FL 33036

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

TITLE VPD ☐ Delete
NAME BALL, DENNIS
STREET ADDRESS 124 BUMO LUMBO RD Gumbo Limbo Rd
CITY-ST-ZIP ISLAMORADA FL 33036

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(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 the empowered

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

305 664-4354

Daytime Phone #

CR2E034 (9/99)