


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90216 004 ***150.00

DOCUMENT # 502421

1. Entity Name
STAN DAEMER ELECTRICAL SERVICES, INC.



Principal Place of Business
**4100 N.W. 8TH ST.
COCONUT CREEK FL 33066**

Mailing Address
**4100 N.W. 8TH ST.
COCONUT CREEK FL 33066**

2. Principal Place of Business
2225 W. Hogan Hollow Rd.

3. Mailing Address
2225 W Hogan Hollow Rd.

Suite, Apt. #, etc.

City & State
Margate

City & State
Margate

Zip Country
33063 U.S.A.

Zip Country
33063 U.S.A.



CHECK HERE IF MAKING CHANGES

4. FEI Number
59-1671839

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, ROBERT A.
228 S.W. FIRST AVE.
FT. LAUDERDALE FL**

7. Name and Address of New Registered Agent

Name
Susan Thomann

Street Address (P.O. Box Number is Not Acceptable)
5303 Deer Run Dr.

City Ft. Pierce **FL** Zip Code **34951**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Susan L Thomann* **1/15/03**
Signature, by the registered agent of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAEMER, STANLEY J. 4100 N.W. 8TH ST. COCONUT CREEK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAEMER, MARILYN E. 4100 N.W. 8TH ST. COCONUT CREEK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stanley M. Daemer 2225 W. Hogan Hollow Rd. Margate, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Victoria Daemer 2225 W. Hogan Hollow Rd. Margate, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanley M. Daemer* **1/15/03 (954) 974-2894**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CRP0204 (1/01/03)