

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 502457

1. Entity Name

MIDSTATE ELECTRIC OF OCALA, INC.

Principal Place of Business

1720 NE 6TH AVE.
OCALA FL 34470
US

Mailing Address

1720 NE 6TH AVE.
34470
OCALA FL 32670
US

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

59-1708079

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

RUSE, CHARLES JR
500 N.E. 8TH AVE.
OCALA FL 34470

Name

Robert W. Batsel

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

202 N.E. 8th Avenue

City

Ocala

FL

Zip Code
34470

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

ROBERT W. BATSEL

Robert W. Batsel

6/13/2002

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 PD
NAME HAMMETT, JERRY R
STREET ADDRESS 1024 W HWY 329
CITY-ST-ZIP CITRA FL ☐ Delete

TITLE ST
NAME HAMMETT, DEBORAH
STREET ADDRESS 1024 W HWY 329
CITY-ST-ZIP CITRA FL ☐ Delete

TITLE VD
NAME GODWIN, JERRY
STREET ADDRESS 5205 N.E. 3RD ST.
CITY-ST-ZIP OCALA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ 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:

Jerry Hammett President

4/29/02

(352) 622-3203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-28-2002 91500 024 ***150.00

36014



DO NOT WRITE IN THIS SPACE