

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 533202

1. Entity Name

U & R ELECTRIC, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90077 022 \*\*\*150.00

Principal Place of Business

540 N. HIGHWAY 434  
 STE. 534-A  
 ALTAMONTE SPRINGS FL 32701  
 US

Mailing Address

540 N HWY 434  
 STE 534-A  
 ALTAMONTE SPRINGS FL 32714-2140  
 US

2. Principal Place of Business

540 N. HWY 434

3. Mailing Address

540 N. HWY 434

Suite, Apt. #, etc.

SUITE 142 A

Suite, Apt. #, etc.

SUITE # 142 A

City & State

ALTAMONTE SPRGS FL

City & State

ALTAMONTE SPRGS FL

Zip

32714

Country

USA

Zip

32714

Country

FL

4. FEI Number

59-1736885

Applied For

Not Applicable

5. Certificate of Status Desired

P/A

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANDELL, LESTER D.

540 N. HWY 434

~~STE 534-A~~ 142 A

ALTAMONTE SPRINGS FL 32701

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 ☐ Delete  
 NAME PDT  
 STREET ADDRESS RANDALL, LESTER D  
 CITY-ST-ZIP 514 GREENBRIAR BLVD  
 ALTAMONTE SPRG, FL 00000

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

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS RANDALL, LESTER D.  
 CITY-ST-ZIP 514 GREENBRIAR BLVD.  
 ALTAMONTE SPRING FL

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

TITLE ☐ Delete  
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 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-2000 1-407-462-9901

CR2E034 (9/99)