

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90029 013 ***150.00

00007588



DO NOT WRITE IN THIS SPACE

DOCUMENT # 580231

1. Entity Name

LINK'S ELECTRIC MOTOR SERVICE, INC.

Principal Place of Business

Mailing Address

1921-A SW 7TH AVE.
 PO BOX 4967
 OCALA FL 34474-4967
 US

1921-A SW 7TH AVE.
 PO BOX 4967
 OCALA FL 34474-3418
 US

2. Principal Place of Business

3. Mailing Address

2350 S.E. 80th Street
 Suite, Apt. #, etc.

2350 S.E. 80th Street
 Suite, Apt. #, etc.

PO Box 4967

PO Box 4967

City & State
 Ocala, FL 34480

City & State
 Ocala, FL 34480

Zip Country
 US

Zip Country
 US

4. FEI Number **59-1839468**

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

MCKNIGHT, JAMES
1921-A SW 7TH AVE
32678 FL 32674

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 NAME STREET ADDRESS CITY-ST-ZIP	PV MCKNIGHT, JAMES M 2350 SE 80TH ST OCALA, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MCKNIGHT, JAMES M 2350 SE 80TH ST OCALA, FL 00000	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James M. McKnight
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James M. McKnight 01-15-00 352-622381

CR2E034 (9/99)