

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 580231

1. Entity Name

LINK'S ELECTRIC MOTOR SERVICE, INC.

Principal Place of Business

2350 SE 80TH STREET
PO BOX 4967
OCALA FL 34480
US

Mailing Address

2350 SE 80TH STREET
PO BOX 4967
OCALA FL 34480
US

2. Principal Place of Business

2350 SE 80th Street

3. Mailing Address

2350 S.E. 80th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34480

Country

Zip

34480

Country

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)

2350 S.E. 80th Street

Ocala

City

FL

Zip Code
34480

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

James M. McKnight

James M. MCKNIGHT

2-14-01

Signature, typed or printed name of registered agent and fee 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, 2001 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 PV
NAME MCKNIGHT, JAMES M.
STREET ADDRESS 2350 SE 80TH ST
CITY-ST-ZIP Ocala, FL 00000 ☐ Delete

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

TITLE TS
NAME MCKNIGHT, JAMES M
STREET ADDRESS 2350 SE 80TH ST
CITY-ST-ZIP Ocala, FL 00000 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *James M. McKnight*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. MCKNIGHT

Date

2-14-01

Daytime Phone #

352-622-3844

CR2E034 (10/00)