

2005
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 587547

Entity Name

AMP ELECTRIC, INC.

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90128 001 ***150.00

Principal Place of Business
99 SW 30TH AVE 3010 SW 14th #14
BOYNTON BEACH FL 33426

Mailing Address
P.O. BOX 3579
BOYNTON BEACH FL 33424
US

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
P.O. Box 243579
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1848703
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FALATICK, WILLIAM D.
4518 GLENEAGLES DR.
DELRAY BEACH, FL
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FALATICK, CAROLYN R. 4819 GLENEAGLES DR. BOYNTON BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FALATICK, WILLIAM D 4819 GLENEAGLES DR. BOYNTON BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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, given an address, with all other like empowered.

SIGNATURE:

William D. Falatic Pres 4/12/01 561-737-1757

SIGNATURE:

William D. Falatic Pres 4/12/01