

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 598742

1. Entity Name

P.I. ELECTRIC, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90022 016 ***150.00

Principal Place of Business

5840 YOUNGQUIST ROAD
 FT. MYERS FL 33912-2214

Mailing Address

5840 YOUNGQUIST ROAD
 FT. MYERS FL 33912-2214

2. Principal Place of Business

3. Mailing Address

4546 CLEMENS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE WORTH FL

Zip

Country

Zip

Country

33463 PALM BCH

4. FEI Number

59-1864538

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

CANNAVA, JOHN EDWARD
 5840 YOUNGQUIST RD
 FT MYERS FL 33912

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)

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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	PD	<input type="checkbox"/> Delete
NAME	CANNAVA, JOHN EDWARD	
STREET ADDRESS	5840 YOUNGQUIST ROAD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOOR, TERRY G	
STREET ADDRESS	5840 YOUNGQUIST RD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LANDIS, BONITA J.	
STREET ADDRESS	5840 YOUNGQUIST ROAD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNAVA, JOHN EDWARD	
STREET ADDRESS	4546 CLEMENS STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.28.00

CR. 0014 (9/93)