2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649071

1. Entity Name
ROBERT PRESCOTT ELECTRIC, INC.

FILED
00 OCT -2 AM 9:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
BURBANK ROAD (RT 1. BOX 1100) PO BOX 607 ANTHONY FL 32617	BURBANK ROAD (RT 1. BOX 1100) PO BOX 607 ANTHONY FL 32617

2. Principal Place of Business	3. Mailing Address
24 N.E. 16TH STREET Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FLORIDA	City & State
Zip: 34470 Country: MARION	Zip / Country

4. FEI Number 59-1998214 — 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
BARNES, HELEN M 709 S.E. 52ND AVENUE OCALA FL 34471	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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	STD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	PRESCOTT, ROBERT L.		NAME	STD ROBERT L. PRESCOTT
STREET ADDRESS	ROUTE 1, BOX 1100		STREET ADDRESS	2790 NE 97 ST. RD
CITY-ST-ZIP	ANTHONY FL		CITY-ST-ZIP	ANTHONY, FL. 32617
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOZEMAN, DWIGHT E.		NAME	
STREET ADDRESS	1206 S.W. 19TH AVE.		STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP	
TITLE	S	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	ADAMS, JANET E		NAME	300003419983--3
STREET ADDRESS	RT 5 BOX 327-A		STREET ADDRESS	-10/10/00--01012--005
CITY-ST-ZIP	DUNNELLON FL		CITY-ST-ZIP	****550.00 ****550.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	KE

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: Robert L. Prescott — 9-12-00 — 352-732-5987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #