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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PRESCOTT, ROBERT L ROUTE 1, BOX 1100 ANTHONY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STP ROBERT L. PRESCOTT 2790 NE 97 ST. RD ANTHONY, FL. 32617	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOZEMAN, DWIGHT E. 1206 S.W. 19TH AVE. OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ADAMS, JANET E RT 5 BOX 327-A DUNNELLON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300003419983--3 -10/10/00--01012--005 ****550.00 ****550.00	☐ 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
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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 352 9-12-00 732-5987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #