

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90236 001 \*\*\*300.00

**DOCUMENT # 675193**

**1. Entity Name**  
**KRIEGER ELECTRIC, INC.**

**Principal Place of Business**  
**1115 6TH ST SW**  
**WINTER HAVEN FL 33880**

**Mailing Address**  
**1115 6TH ST SW**  
**WINTER HAVEN FL 33880**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-2007247**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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**

**LOCKWOOD, DOUGLAS A., III**  
**141 5TH ST., NW**  
**SUITE 300**  
**WINTER HAVEN FL 33883**

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 \$150.00**  
**After May 1, 2002 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** **ST** ☐ Delete  
**NAME** **ADAMS, LES**  
**STREET ADDRESS** **4229 THOMASWOOD LANE**  
**CITY-ST-ZIP** **WINTER HAVEN FL 33880**

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

**TITLE** **P** ☐ Delete  
**NAME** **KRIEGER, ROBERT L.**  
**STREET ADDRESS** **1115 SIXTH ST SW**  
**CITY-ST-ZIP** **WINTER HAVEN, FL 00000**

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

**TITLE** **VP** ☐ Delete  
**NAME** **SIMMONS, PAULA A.**  
**STREET ADDRESS** **3007 PLANTATION ROADS**  
**CITY-ST-ZIP** **WINTER HAVEN FL 33880**

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

**TITLE** **VP** ☐ Delete  
**NAME** **MOCK, WALTER**  
**STREET ADDRESS** **2000 MEADOW OAK CIRCLE**  
**CITY-ST-ZIP** **POLK CITY FL 33868**

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

**MOCK - CORRECT LAST NAME spelling**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
**TITLE**  
**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 all other like empowered.**

**SIGNATURE:**

*Robert Krieger*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*Pres*

*4/10/02*

*863-294 1650*

Date Daytime Phone #

CR2E034 (9/01)