

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90003 034 ***158.75

DOCUMENT # 852964

1. Entity Name

SHAUM ELECTRIC CO., INC.

Principal Place of Business

Mailing Address

**1125 N. NAPPANEE ST.
 ELKHART IN 46514**

**1125 N. NAPPANEE ST.
 ELKHART IN 46514**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-0840342

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

**HARTMAN, LUCILLE B.
 1656 NEW POINT COMFORT RD.
 ENGLEWOOD FL 33533**

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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAUM, GARY 22818 SELBY DR. ELKHART IN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM SHEL, SHAUN 1205 DOTSON ELKHART IN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARTMAN, LUCILLE 1939 RAINBOW BEND BLVD ELKHART IN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAUM, LEWIS 70476 CALVIN CENTER RD EDWARDSBURG MI	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, SANDRA 60784 C.R. 113 ELKHART IN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHAUM, SHEL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: SHEL SHAUM - SHEL SHAUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01

Date

219/264-4189

Daytime Phone #

CR2E034 (10/00)

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # 852964

1. Entity Name

SHAUM ELECTRIC CO., INC.

Principal Place of Business

1125 N. NAPPANEE ST.
ELKHART IN 46514

Mailing Address

1125 N. NAPPANEE ST.
ELKHART IN 46514-1735

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 35-0840342

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

HARTMAN, LUCILLE B.
1656 NEW POINT COMFORT RD.
ENGLEWOOD FL 33533

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, 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
NAME SHAUM, GARY
STREET ADDRESS 22818 SELBY DR.
CITY-ST-ZIP ELKHART IN ☐ Delete

TITLE GM
NAME SHAUM, SHEL
STREET ADDRESS 1205 DOTSON
CITY-ST-ZIP ELKHART IN ☐ Change ☒ Addition

TITLE V
NAME RISSER, WAYNE
STREET ADDRESS 27781 CO. RD. 32
CITY-ST-ZIP ELKHART IN ☒ Delete

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

TITLE TD
NAME HARTMAN, LUCILLE
STREET ADDRESS 1939 RAINBOW BEND BLVD
CITY-ST-ZIP ELKHART IN ☐ Delete

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

TITLE D
NAME SHAUM, LEWIS
STREET ADDRESS 70476 CALVIN CENTER RD
CITY-ST-ZIP EDWARDSBURG MI ☐ Delete

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

TITLE S
NAME CLARK, SANDRA
STREET ADDRESS 60784 C.R. 113
CITY-ST-ZIP ELKHART IN ☐ 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

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:

SHEL SHAUM

4-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DO NOT WRITE IN THIS SPACE