## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 27, 2001 8:00 am Secretary of State **DOCUMENT #852964** 1. Entity Name SHAUM ELECTRIC CO., INC. 4-27-2001 90003 034 \*\*\*158.75 Mailing Address Principal Place of Business 1125 N. NAPPANEE ST. 1125 N. NAPPANEE ST. ELKHART IN 46514 **ELKHART IN 46514** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 35-0840342 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7- Name and Address of New Registered Agent .... 6. Name and Address of Current Registered Agent HARTMAN, LUCILLE B. Street Address (P.O. Box Number is Not Acceptable) 1656 NEW POINT COMFORT RD. **ENGLEWOOD FL 33533** City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Detete TITLE TITI F PD NAME NAME SHAUM, GARY STREET ADDRESS STREET ADDRESS 22818 SELBY DR. CITY-ST-ZIP CITY-ST-ZIP **ELKHART IN** Change ☐ Addition ☐ Delete GM TITLE SHAUM, SHEL NAME NAME SHEL, SHAUN STREET ADDRESS STREET ADDRESS 1205 DOTSON CITY-ST-ZIP CITY-ST-ZIP **ELKHART IN** ☐ Change ☐ Addition TITLE Delete TITLE TD NAME HARTMAN, LUCILLE NAME STREET ADDRESS STREET ADDRESS 1939 RAINBOW BEND BLVD CITY-ST-ZIP CITY-ST-ZIP ELKHART IN ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME SHAUM, LEWIS STREET ADDRESS STREET ADDRESS 70476 CALVIN CENTER RD CITY-ST-ZIP CITY-ST-ZIP EDWARDSBURG MI ☐ Change ☐ Addition TITLE Delete TITLE. NAME NAME CLARK, SANDRA STREET ADDRESS STREET ADDRESS 60784 C.R. 113 CITY-ST-ZIP CITY-ST-ZIP **ELKHART IN** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Datio Datio Datio

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

2000 UNIFORM BUSINESS REPORT (UBR) hment

DOCUMENT # 852964  1. Entity Name						~ ^ -	~165.	23	
SHAUM ELECTRIC CO., INC.					3054				
Principal Place of Business Mailing Address					•	1684	M	TUT	
1125 N. NAPPA ELKHART IN 46		1125 N. NAPPANEE ST. ELKHART IN 46514-1735				# 00	•		
CUMPATI IN 40	514	ELINENT IN 40014 1700					·		
2. Principal F	Place of Business	3. Mailing Address				g. 1			,
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			A 551M who				
					4. 1 2.11011101	35-0840342		N	lot Applicable
Zip	Country	Zip	Country			of Status Desired	۽ ب	88.75 Ad ee Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New Reg	istered A	gent	
	TMAN, LUCILLE B.		Street	t Address (P.O. Box Number is Not Acceptable)					
	NEW POINT COMFORT RD. LEWOOD FL 33533					· · · · · ·			<del></del>
		,	City				FL	Zip Cod	 ie
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office	or registere	ed agent, or bot	h, in the State of Floric	<u> —</u> da.	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent sign	ature required	when reinstating)		DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back}	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			~ ) Tru	ection Campaign Finan est Fund Contribution.	icing		00 May Be d to Fees
11.	OFFICERS AND		12.	10.1	ADDITIONS/	CHANGES TO OFFIC			
TITLE NAME	PD SHAUM, GARY	☐ Delete	TITLE NAME	SHAU	M, SHEL			Change	Addition
STREET ADDRESS CITY+ST-ZIP	22818 SELBY DR. ELKHART IN		STREET ADDRESS CITY-ST-ZIP		5 Dotsc Hart In		•		
TITLE	V	Delete	TITLE			1000		☐ Change	Addition
NAME STREET ADDRESS	RISSER, WAYNE 27781 CO. RD. 32		NAME STREET ADDRESS	;					
CITY-ST-ZIP	ELKHART IN	FI Delete	CITY-ST-ZIP TITLE	1				Change	☐ Addition
TITLE NAME	HARTMAN, LUCILLE	☐ Delete	NAME					L Orango	
STREET ADDRESS CITY-ST-ZIP	1939 rainbow bend blvd   Elkhart in		STREET ADORESS CITY-ST-ZIP	;					
TITLE	D Shaum, Lewis	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	70476 CALVIN CENTER RD		NAME STREET ADDRESS	;					
CITY-ST-ZIP	EDWARDSBURG MI		CITY-ST-ZIP					☐ Change	Addition
TITLE NAME	CLARK, SANDRA	☐ Delete	TITLE NAME						☐ Acquiron
STREET AODRESS CITY-ST-ZIP	60784 C.R. 113 ELKHART IN		STREET ADDRESS CITY-ST-ZIP	•					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME Street address						
CITY-ST-ZIP			CITY-ST-ZIP						
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that m	ry signature shall	have the s	ame legal effec	t as if made under oat	h; that I an	n an officer	r or director
	poration or the receiver or trustee empo , or on an attachment with an address, v		as required by C	napter 607,	Florida Statute	s; and that my name a	ppears in	RIOCK 11 0	L RIOCK 15 IL

Daytime Phone #

SIGNATURE: .