

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852964

1. Entity Name
SHAUM ELECTRIC CO., INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90182 045 ***158.75

Principal Place of Business
1125 N. NAPPANEE ST.
ELKHART IN 46514

Mailing Address
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 33553

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

TITLE TREASURER ☐ Change ☒ Addition
NAME DEB BRADLEY
STREET ADDRESS 55927 BRINK ST
CITY-ST-ZIP OSCEOLA IN 46561

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

TITLE VP OF FINANCE ☒ Change ☐ Addition
NAME
STREET ADDRESS 61321 DONALD ROWY
CITY-ST-ZIP VANDALIA MI 49095

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

TITLE CORPORATE SECRETARY ☐ Change ☒ Addition
NAME MARGARET ASBURY
STREET ADDRESS 726 HIAWATHA DR
CITY-ST-ZIP ELKHART IN 46517

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

TITLE VP OF OPERATIONS ☐ Change ☒ Addition
NAME MICHAEL SHAUM
STREET ADDRESS 22834 SELBY DR
CITY-ST-ZIP ELKHART IN 46514

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-02

Date

574/264-4189

Daytime Phone #

CR2E034 (9/01)