

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F36662

1. Entity Name

ANTHONY ELECTRIC SERVICE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90131 017 ***150.00

Principal Place of Business	Mailing Address
246 SW 33 STREET FT. LAUDERDALE FL 33315 US	246 SW 33 STREET FT. LAUDERDALE FL 33312-5034 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2365 SW 34 ST Bay 3 Suite, Apt. #, etc. Bay 3 City & State Ft. Lauderdale FL Zip 33312 Country USA	2365 SW 34 St. Suite, Apt. #, etc. Bay 3 City & State Ft. Lauderdale FL Zip 33312 Country USA

4. FEI Number	59-2104023	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
KEMPNER AND SCHOTTENFELD 1 UNIVERSITY DR. NORTH STE B-210 PLANTATION FL 33324

7. Name and Address of New Registered Agent		
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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROW, WILLIAM A	NAME	
STREET ADDRESS	7700 NW 8TH STREET	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROW, MARTHA	NAME	
STREET ADDRESS	7700 NW 8TH STREET	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCHS, WAYNE	NAME	
STREET ADDRESS	2600 N 38 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Martha Barrow 4/11/00 (954) 316-5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)