

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F55086

1. Entity Name

ELECTRO-WORLD, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90030 021 ***150.00

Principal Place of Business

312 AULIN AVE
OVIEDO FL 32765
US

Mailing Address

312 AULIN AVE
OVIEDO FL 32765-9314
US

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

59-2141610

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

KINNEY, FLOYD C.
2568 EKANA LANE
OVIEDO FL 32765

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------------|-------------------------------|-------------------------------------|
| | PD | KINNEY, FLOYD C. | 312 AULIN AVE OVIEDO FL | <input checked="" type="checkbox"/> |
| | D | KINNEY, TONYA L. | 312 AULIN AVE OVIEDO FL | <input type="checkbox"/> |
| | D | KINNEY, F. CLARK JR. | 312 AULIN AVE OVIEDO FL | <input type="checkbox"/> |
| | D | SCOLES, RONALD J | 312 AULIN AVENUE OVIEDO FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------------|-----------------------------------|-------------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | PD | Kinney, F. Clark Jr. | 312 Aulin Ave Oviedo, FL 32765 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | VP | Scoles, Ronald J. | 312 Aulin Ave Oviedo, FL 32765 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Date

Daytime Phone #

CR2E034 (9/99)