

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F85385**1. Entity Name
N.C.N. ELECTRIC, INC.

Principal Place of Business

**320 SOUTH TAMiami TRAIL
NOKOMIS FL 34275-3161
US**

Mailing Address

**320 SOUTH TAMiami TRAIL
NOKOMIS FL 34275-3161
US**

2. Principal Place of Business

261 Blue Juniper Blvd.

Suite, Apt. #, etc.

3. Mailing Address

261 Blue Juniper Blvd.

Suite, Apt. #, etc.

City & State
Venice FLCity & State
Venice FL4. FEI Number **59-2196954**

Applied For

Not Applicable

Zip
34292

Country

Zip
34292

Country

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****SCOTT, DANIEL
2170 MAIN STREET
SARASOTA FL 34237**

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
**P
NOWE, NEAL C
2100 SOUTH TAMiami TRAIL
SARASOTA FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P/T/S
1440 Mackintosh Blvd.
Nokomis, FL 34275** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
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CITY-ST-ZIP ☐ DeleteTITLE
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:

Neal C. Nowe

941-488-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)