

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F89800

1. Entity Name

FMR ELECTRICAL CONTRACTORS, INC.

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90204 001 \*\*\*150.00

Principal Place of Business

420 S. WICKHAM RD.  
P.O. BOX 1977 (32902)  
W. MELBOURNE FL 32904

Mailing Address

420 S. WICKHAM RD.  
P.O. BOX 1977 (32902)  
W. MELBOURNE FL 32904

2. Principal Place of Business

420 S. Wickham Road

Suite, Apt. #, etc.

3. Mailing Address

420 S. Wickham Road

Suite, Apt. #, etc.

City & State

West Melbourne, FL 32904

City & State

West Melbourne, FL 32904

Zip

Country

Zip

Country

4. FEI Number

59-2200191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALONEY, RICHARD PATRICK  
655 MARK & RANDY DRIVE  
SATELLITE BCH. FL 32937

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 Richard P. Maloney  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MALONEY, RICHARD PATRICK	
STREET ADDRESS	655 MARK & RANDY DRIVE	
CITY-ST-ZIP	SATELLITE BCH. FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MALONEY, BONNIE L.	
STREET ADDRESS	655 MARK & RANDY DR.	
CITY-ST-ZIP	SATELLITE BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-01

Date

321-727-3712

Daytime Phone #

CR2E034 (10/00)