

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003618

1. Entity Name

VIRGINIA ELECTRONIC & LIGHTING CORPORATION

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

02-17-2000 90082 026 ***150.00

Principal Place of Business

3491 PALL MALL DR., #108
JACKSONVILLE FL 32257

Mailing Address

3491 PALL MALL DR., #108
JACKSONVILLE FL 32257-5462

2. Principal Place of Business

210 N. Ridgcrest Lane
Suite, Apt. #, etc.

3. Mailing Address

210 N. Ridgcrest Lane
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

34-1396746

Applied For

Not Applicable

Zip

Country

32259

Zip

Country

32259

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

STEPP, GREGORY

3491 PALL MALL DR., #108
JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)

210 N. Ridgcrest Lane
Jacksonville FL

Zip Code

32259

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

2/14/00

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 PSDC
NAME STEPP, GREGORY
STREET ADDRESS 3491 PALL MALL DR., #108
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 210 N. Ridgcrest Lane
CITY-ST-ZIP Jacksonville, FL 32259

TITLE TD
NAME STEPHENS, RAY
STREET ADDRESS 1432 RIVER PARK DR.
CITY-ST-ZIP KENT OH 44240 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/00 904-230-2840

CR2E034 (9/99)