

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90008 038 \*\*\*\*61.25

**DOCUMENT # F95000002535**

1. Entity Name

**THE AMERICAN BOARD OF REGISTRATION OF ELECTROENC**

Principal Place of Business

P.O. BOX 916633  
 LONGWOOD FL 32791-6633

Mailing Address

P.O. BOX 916633  
 LONGWOOD FL 32791-6633

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

**54-1607478**

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

**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **D FISCHER, GREGORY**  
 STREET ADDRESS **1836 SOUTH AVE**  
 CITY-ST-ZIP **LACROSSE WI 54601**

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

TITLE ☐ Delete  
 NAME **P WALBERT, JANICE**  
 STREET ADDRESS **800 E. CARPENTER ST.**  
 CITY-ST-ZIP **SPRINGFIELD IL 62769**

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

TITLE ☐ Delete  
 NAME **D AHN-EWING, JUDY**  
 STREET ADDRESS **2218 MAPLEWOOD**  
 CITY-ST-ZIP **ROYAL OAK MI 48073**

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

TITLE ☐ Delete  
 NAME **S TETZLAFF, BARBARA**  
 STREET ADDRESS **M120 HWY 97**  
 CITY-ST-ZIP **MARSHFIELD WI 54449**

TITLE ☒ Change ☐ Addition  
 NAME **Director**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **T MARSH-NATION, MAGGIE**  
 STREET ADDRESS **1926 VICTORY AVE**  
 CITY-ST-ZIP **WICHITA FALLS TX 76301**

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

TITLE ☒ Delete  
 NAME **D ERWIN, ANDREA**  
 STREET ADDRESS **3900 DOVE CREEK RD**  
 CITY-ST-ZIP **DURHAM NC 27705**

TITLE ☐ Change ☒ Addition  
 NAME **Director**  
 STREET ADDRESS **Sheryl Nehamkin**  
 CITY-ST-ZIP **4075 Eastway Road**  
**S. Euclid, OH 44121**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
*Janice Walbert*

407-788-6308

Date

Daytime Phone #

CR2E037 (10/00)