

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004890

1. Entity Name

UTILITY EQUIPMENT AND TESTING, INC.

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90012 010 ***550.00

Principal Place of Business

2673 YALE AVE
MEMPHIS TN 38112

Mailing Address

2673 YALE AVE
MEMPHIS TN 38112-3335

2. Principal Place of Business

5120 EAST ADAMO DRIVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE E

City & State

TAMPA FL

City & State

Zip

Country

USA

4. FEI Number

62-1749842

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number 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

TITLE C
NAME PENTECOST, JIM
STREET ADDRESS 2673 YALE AVE
CITY-ST-ZIP MEMPHIS TN 38112 ☐ Delete

TITLE S
NAME POLLARD, BOYD
STREET ADDRESS 2673 YALE AVE
CITY-ST-ZIP MEMPHIS TN 38112 ☐ Delete

TITLE P
NAME MORRISON, RICHARD J
STREET ADDRESS 5120 E. ADAMO DR, SUITE E
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E014 (9/99)