

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002863

1. Entity Name

EDWARDS ELECTRICAL & MECHANICAL INC

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90056 025 ***150.00

Principal Place of Business

Mailing Address

6831 E 32ND STREET
INDIANAPOLIS IN 46226

6831 E 32ND STREET
INDIANAPOLIS IN 46226-6160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1142330**

Applied For
Not Applicable

Zip

Country

Zip

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

CT CORPORATION SYSTEM
1200 SOUTH 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

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	CP	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, GARY	
STREET ADDRESS	6831 E 32ND STREET	
CITY-ST-ZIP	INDIANAPOLIS IN 46226	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, ANTHONY J	
STREET ADDRESS	76 SOUTH MAIN	
CITY-ST-ZIP	AKRON OH 44308	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURG, H-PETER	
STREET ADDRESS	76 SOUTH MAIN	
CITY-ST-ZIP	AKRON OH 44308	
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	CP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ervin Eilmann	
STREET ADDRESS	6831 E. 32 nd St.	
CITY-ST-ZIP	Indianapolis IN 46226	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laughlin, Janice	
STREET ADDRESS	6831 E. 32 nd St.	
CITY-ST-ZIP	Indianapolis IN 46226	
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
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: Jan Laughlin Jan Laughlin Treasurer 2/24/2000 (317)543-3460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)