

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90035 016 ***150.00

DOCUMENT # F99000003210

1. Entity Name
APEX ELECTRIC INC., OF OHIO

Principal Place of Business

**368 PENNLINE ROAD
 PIERPONT OH 44082**

Mailing Address

**368 PENNLINE ROAD
 PIERPONT OH 44082**

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

34-1891109

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

~~MILLER, ERIC~~

~~14191 GEORGIAN CIRCLE
 FORT MYERS FL 33912~~

Name

Elisha and Kelly DeLeon

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

3336 E. Paula Lane

City

Inverness

FL

Zip Code

34453

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

Elisha and Kelly DeLeon

4/7/02

**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, 2002 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 ☐ Delete
NAME **P**
STREET ADDRESS **SANFORD, MARK L**
CITY-ST-ZIP **368 PENNLINE ROAD
 PIERPONT OH 44082**

TITLE ☒ Change ☐ Addition
NAME **Pres.**
STREET ADDRESS **Mark L. Sanford**
CITY-ST-ZIP **344 Penn line Rd.
 Pierpont, OH 44082**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **SANFORD, EDITH M**
CITY-ST-ZIP **368 PENNLINE ROAD
 PIERPONT OH 44082**

TITLE ☒ Change ☐ Addition
NAME **Tres.**
STREET ADDRESS **Edith M Sanford**
CITY-ST-ZIP **344 Pennline Rd
 Pierpont, OH 44082**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SANFORD, SHALENE M**
CITY-ST-ZIP **454 BAHIC ST
 CONNEAUT OH 44030**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **U-President**
STREET ADDRESS **Mark L. Sanford, Jr.**
CITY-ST-ZIP **654 Bahic St.
 Conneaut, OH 44030**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Shalene M Sanford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shalene M Sanford, 4-1-02, 440-577-1088
 Date Daytime Phone #

CR2E034 (9/01)