## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # **F99082** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name CARRINGTON ELECTRIC, INC. 04-20-2000 90001 033 \*\*\*150.00 Principal Place of Business Mailing Address 603 67TH ST NW 603 67TH ST NW % PHILIP E. CARRINGTON % PHILIP E. CARRINGTON **BRADENTON FL 34209 BRADENTON FL 34209-1648** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2217689 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARRINGTON, PHILIP E. Street Address (P.O. Box Number is Not Acceptable) 603 67TH ST. NW **BRADENTON FL 34203** Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete ☐ Change Addition TITLE TITLE CARRINGTON, PHILIP E NAME 603 67TH ST NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE CARRINGTON, RONI S. NAME NAME STREET ADDRESS 603 67TH ST NW STREET ADDRESS CITY-ST-ZIP CITY-ST-71P **BRADENTON FL 34209** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change Addition STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

ROW D. Carrigton RONIS. CARRINGTON 4/12/00 941-795-1800
SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

Date

Descriptor Prome #