

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G70891

1. Entity Name

MID-STATE LIGHTNING PROTECTION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90161 002 ***150.00

Principal Place of Business

Mailing Address

1075 A ORIENTA AVE
ALTAMONTE SPRINGS FL 32701
US

1075 A ORIENTA AVE
ALTAMONTE SPRINGS FL 32701-5015
US

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 59-2346381

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVELLE, JOYCE
1075 A ORIENTA AVE
ALTAMONTE SPRINGS FL 32701

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 P
NAME LUCAS, JAMES C
STREET ADDRESS 1075A ORIENTA AVE
CITY-ST-ZIP ALTAMONTE SPGS FL

TITLE ST
NAME SAVELLE, JOYCE
STREET ADDRESS 1075 A ORIENTA AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRES.
NAME GLENNON J. SCHULTE
STREET ADDRESS 1075A ORIENTA AVENUE
CITY-ST-ZIP ALTAMONTE SPGS, FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Joyce Savelle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC/TREAS

Date

Daytime Phone #

1/24/00 407-339-3662