

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G72124

1. Entity Name

FLORIDA SYSTEMS ERECTORS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90049 042 ***150.00

Principal Place of Business

2121 EAST MAIN STREET
LAKELAND FL 33801-2428
US

Mailing Address

2121 EAST MAIN STREET
LAKELAND FL 33801-2428
US

2. Principal Place of Business

226 West Highland Drive

Suite, Apt. #, etc.

3. Mailing Address

226 West Highland Drive

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33813-1541

Country

Polk

Zip

33813-1541

Country

Polk

4. FEI Number

59-2346643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VINES, CHARLES W
120 CONLEY DR.
POLK CITY FL 33868

7. Name and Address of New Registered Agent

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

TITLE PD
NAME VINES, CHARLES W.
STREET ADDRESS 120 CONLEY DR.
CITY-ST-ZIP POLK CITY FL 33868 ☐ Delete

TITLE STD
NAME VINES, STEPHEN R.
STREET ADDRESS 451 SUNRISE BLVD
CITY-ST-ZIP POLK CITY FL 33868 ☐ 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

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

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

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.

Charles W. Vines,

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/21/00

Date

863/647-1105

Daytime Phone #

CR2E034 (9/99)