

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G84753

1. Entity Name

MEL HENDERSON ELECTRIC, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90291 040 \*\*\*150.00

Principal Place of Business

18502 MARCO BLVD  
FORT MYERS FL 33912  
US

Mailing Address

18502 MARCO BLVD  
FORT MYERS FL 33912  
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 59-2359482

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

HENDERSON, MARK  
18502 MARCO BLVD SE  
FORT MYERS FL 33912

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, 2001 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 ☐ Delete  
NAME HENDERSON, MARK  
STREET ADDRESS 18502 MARCO BLVD  
CITY-ST-ZIP FORT MYERS FL 33912

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

TITLE S ☐ Delete  
NAME HENDERSON, LAURA  
STREET ADDRESS 18502 MARCO BLVD  
CITY-ST-ZIP FORT MYERS FL 33912

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

TITLE D ☒ Delete  
NAME STICKEL, CRAIG  
STREET ADDRESS 166 ANCHORAGE RD  
CITY-ST-ZIP FORT MYERS BEACH FL 33931

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

TITLE ~~VP~~ ☐ Delete  
NAME ~~David A. Mobley~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
NAME David A. Mobley  
STREET ADDRESS 15031 N. Mallard Ln.  
CITY-ST-ZIP Ft Myers FL 33913

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura Henderson 4/20/01 941980-0822

Date

Daytime Phone #

CR2E034 (10/00)