

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H31270

1. Entity Name

L M ELECTRIC, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90132 017 \*\*\*150.00

Principal Place of Business

3666 CHRISTMAS PALM PLACE  
OVIEDO FL 32765  
US

Mailing Address

3666 CHRISTMAS PALM PLACE  
OVIEDO FL 32713-4357  
US

2. Principal Place of Business

120 LAKE DRIVE

3. Mailing Address

120 LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEBARY FL

City & State

DEBARY, FL

Zip

Country

32713

Zip

Country

32713

4. FEI Number

59-2467312

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

Name

HAYES, LEONARD I

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

120 LAKE DRIVE

DEBARY, FL 32713

City

FL

Zip Code

HAYES, LEONARD I  
3666 CHRISTMAS PALM PLACE  
OVIEDO FL 32765

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	PDV	<input type="checkbox"/> Delete
NAME	HAYES, LEONARD	
STREET ADDRESS	3666 CHRISTMAS PALM PLACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, LINDA MARIE	
STREET ADDRESS	3666 CHRISTMAS PALM PLACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 LAKE DRIVE	
CITY-ST-ZIP	DEBARY, FL 32713	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 LAKE DRIVE	
CITY-ST-ZIP	DEBARY, FL 32713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

3/13/00

Date

417-668-6656

Daytime Phone #

CR2E034 (9/99)