

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90051 045 \*\*\*150.00

**DOCUMENT # H75424**

1. Entity Name  
**LABADIE ELECTRIC, INC.**

Principal Place of Business

**C/O KEVIN M. LABADIE  
 8015 POCOHONTAS DRIVE  
 TAMPA FL 33615**

Mailing Address

**C/O KEVIN M. LABADIE  
 8015 POCOHONTAS DRIVE  
 TAMPA FL 33615**



2. Principal Place of Business

**11653 Beachway Lane**  
 Suite, Apt. #, etc.

3. Mailing Address

**11653 Beachway Lane**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Odessa FL**

City & State

**Odessa FL**

4. FEI Number

**59-2586689**

Applied For

Not Applicable

Zip

**33556**

Country

**PASCO**

Zip

**33556**

Country

**PASCO**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LABADIE, KEVIN M.  
 8015 POCOHONTAS DRIVE  
 TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**11653 Beachway Lane**  
 City **Odessa** FL Zip Code **33556**

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, 2002 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPV LABADIE, KEVIN M. 8015 POCOHONTAS DR. TAMPA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST LABADIE, CHERYL 8015 POCOHONTAS DR. TAMPA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Cheryl Labadie** 3/12/02 813-9267413  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)