2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H78703

Zip

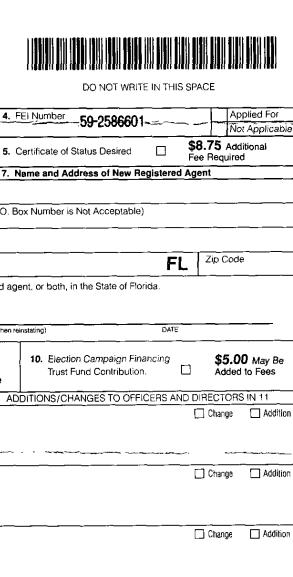
POWER ELECTRIC SERVICES, INC.

Country

Principal Place of Business Mailing Address :::: E HILLSBOROUGH AVE 4714 E HILLSBOROUGH AVE TAMPA FL 33610-4753 IAMPA FL 33610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. _City & State _ City & State

FILED Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90073 046 ***150.00



6. Name and Address of Current Registered Agent Name PEEL, WILLIAM S. Street Address (P.O. Box Number is Not Acceptable) 4714 E HILLSBOROUGH AVE **TAMPA FL 33610** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITI F TITLE PEEL, WILLIAM S. NAME STREET ADDRESS 815 FIG TREE LN. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL VST TITLE ☐ Delete TYREE, JOSEF C. NAME STREET ADDRESS 604 GRAND NATIONAL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME

Country

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 eath; 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP