

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91187 031 ***150.00

DOCUMENT # H84994

1. Entity Name **FANCHER ELECTRIC COMPANY, INC.**

Principal Place of Business

Mailing Address

8610 N NEBRASKA AVE
 TAMPA FL 33604
 US

8610 N. NEBRASKA AVE
 TAMPA FL 33604
 US

C0070170

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

59-2603309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FANCHER, ARTHUR E.
 14450 BELLAMY BROS. BLVD
 DADE CITY FL 32525

Name

Street Address (P.O. Box Number is Not Acceptable)
 914 WEST RIVER DRIVE

City

TAMPA

FL

Zip Code
 33617

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.

(NOT: 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 ☐ Delete
 NAME FANCHER, ARTHUR E.
 STREET ADDRESS 14450 BELLAMY BROS BLVD
 CITY-ST-ZIP DADE CITY FL

TITLE ☒ Change ☐ Addition
 NAME 914 WEST RIVER DRIVE
 STREET ADDRESS TAMPA, FL 33617
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME FANCHER, ALMA L.
 STREET ADDRESS 14450 BELLAMY BROS BLVD
 CITY-ST-ZIP DADE CITY FL

TITLE ☒ Change ☐ Addition
 NAME 914 WEST RIVER DR
 STREET ADDRESS TAMPA, FL. 33617
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 no 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

5/16/01

Date

Daytime Phone #

CR2E034 (11/00)