

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J34608

1. Entity Name

SWITCHGEAR UNLIMITED, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90023 016 ***150.00

Principal Place of Business

Mailing Address

C/O JEFFREY W. WARREN
220 S. FRANKLIN STREET
TAMPA FL 33602

C/O JEFFREY W. WARREN
220 S. FRANKLIN STREET
TAMPA FL 33602-5330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2719027

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WARREN, JEFFREY W.
220 S. FRANKLIN STREET
TAMPA FL 33602

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, 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: P
NAME: BERRY, JAMES L.
STREET ADDRESS: 2203 WINDWOOD PL.
CITY-ST-ZIP: VALRICO FL ☐ Delete

TITLE: ☒ Change ☐ Addition
NAME: 4302 FAIRCOURT DR
STREET ADDRESS: VALRICO, FL 33594
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: VP
NAME: BERRY, JEANNE R
STREET ADDRESS: 2203 WINDWOOD PL
CITY-ST-ZIP: VALRICO FL ☐ Delete

TITLE: ☒ Change ☐ Addition
NAME: 4302 FAIRCOURT DR
STREET ADDRESS: VALRICO, FL 33594
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: VPS
NAME: VANDEVENDER, MELINDA L
STREET ADDRESS: 3308 W SAM ALLEN RD
CITY-ST-ZIP: PLANT CITY FL ☐ Delete

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

TITLE: VP
NAME: VILA, ALFRED A
STREET ADDRESS: 749 SPANISH MAIN DRIVE
CITY-ST-ZIP: APOLLO BEACH FL ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Berry

Date

Daytime Phone #

1/28/00 800-688-2382

CR2E034 (9/99)