

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
 05-03-2000 90075 012 ***150.00

DOCUMENT # J44114

1. Entity Name

M. J. D. ELECTRIC, INC.

Principal Place of Business

Mailing Address

3151 COOPER ST
 #54
 PUNTA GORDA FL 33950

3151 COOPER ST
 #54
 PUNTA GORDA FL 33950-7216

2. Principal Place of Business

3. Mailing Address

3151 Cooper St #54

3151 Cooper St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Punta Gorda

#54

City & State

City & State

FL

Punta Gorda FL

Zip

33950

Country

Charlotte

Zip

33950

Country

Charlotte

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'AMICO, MARIE
 3151 COOPER ST. #54
 PUNTA GORDA FL 33950

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME DS
 STREET ADDRESS D'AMICO, MARIE
 CITY-ST-ZIP 1406 SEA FAN DR
 PUNTA GORDA FL

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

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS D'AMICO, MICHAEL
 CITY-ST-ZIP 1406 SEA FAN DR
 PUNTA GORDA FL

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

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS DAMICO, ANTHONY
 CITY-ST-ZIP 1430 COMPTON ST.
 BRANDON FL 33511

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Marie D'Amico
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00
 Date

941-637-1907
 Daytime Phone #

CR2E034 (9/99)