

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90069 043 \*\*\*150.00

038042

DOCUMENT # J44114

1. Entity Name

M. J. D. ELECTRIC, INC.

Principal Place of Business

3151 COOPER ST  
#54  
PUNTA GORDA FL 33950

Mailing Address

3151 COOPER ST  
#54  
PUNTA GORDA FL 33950

646176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3151 Cooper St #54

3. Mailing Address

3151 Cooper St #54

Suite, Apt. #, etc.

Punta Gorda

Suite, Apt. #, etc.

#54

City & State

FL

City & State

Punta Gorda FL

4. FEI Number 59-2782092

Applied For

Not Applicable

Zip

33950

Country

Charlotte

Zip

33950

Country

Charlotte

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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

TITLE	DS	<input type="checkbox"/> Delete
NAME	D'AMICO, MARIE	
STREET ADDRESS	1406 SEA FAN DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	D'AMICO, MICHAEL	
STREET ADDRESS	1406 SEA FAN DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAMICO, ANTHONY	
STREET ADDRESS	1430 COMPTON ST.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael D'Amico	
STREET ADDRESS	1406 Sea Fan Dr	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony D'Amico	
STREET ADDRESS	1430 Compton St	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/19/01

Date

941-633-4946

Daytime Phone #

CR2E034 (10/00)