

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J77047

1. Entity Name

R. J. WIRING SERVICE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90060 007 ***150.00

Principal Place of Business

Mailing Address

6921 NAWADAMA BLVD
ORLANDO FL 32818
US

PO BOX 681007
ORLANDO FL 32868-1007
US

2. Principal Place of Business

310 S. Dillard St.

3. Mailing Address

SAME

Suite, Apt. #, etc.

405

Suite, Apt. #, etc.

SAME

City & State

Winter Garden, FL

City & State

SAME

4. FEI Number

59-2823475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOROTHY M DUBNICKA
6921 NAWADAMA BLVD.
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name

Dorothy M. Dubnicka

Street Address (P.O. Box Number is Not Acceptable)

169 Country Lakes Circle

Groveland

City

Groveland,

FL

Zip Code
34736

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

TITLE PTVS ☐ Delete
NAME DUBNICKA, DOROTHY M
STREET ADDRESS 6921 NAWADAMA BLVD.
CITY-ST-ZIP ORLANDO FL

TITLE PTVS ☐ Delete
NAME Dubnicka, Dorothy M
STREET ADDRESS 169 Country Lakes Circle
CITY-ST-ZIP Groveland, FL 34736

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Dorothy M. Dubnicka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dorothy M. Dubnicka

4/3/00
Date

(407) 295-1070
Daytime Phone #