

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K62652

1. Entity Name

ELECTRICAL & MECHANICAL SERVICES, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90038 010 ***150.00

Principal Place of Business

Mailing Address

4218 LOUIS AVENUE
HOUDAY FL 34691

7906-1 CLARK MOODY
PORT RICHEY FL 34668
US

2. Principal Place of Business

3. Mailing Address

7906-1 Clark Moody
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port Richey, FL

City & State
FL

4. FEI Number 59-2926747

Applied For
Not Applicable

Zip
34668

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

WINKLES, LONNIE L.
7906-1 CLARK MOODY
PORT RICHEY FL 34668

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 ☐ Delete
NAME WINKLES, LONNIE L.
STREET ADDRESS 7906-1 CLARK MOODY
CITY-ST-ZIP PORT RICHEY FL

TITLE P ☒ Change ☐ Addition
NAME Lonnie L. Winkles
STREET ADDRESS 9200 Jasmine Blvd
CITY-ST-ZIP New Pt Richey 34654

TITLE ST ☐ Delete
NAME ELLIS, FRANK
STREET ADDRESS 7906-1 CLARK MOODY
CITY-ST-ZIP PORT RICHEY FL

TITLE ST ☒ Change ☐ Addition
NAME FRANK ELLIS
STREET ADDRESS 4210 Shoreline Dr
CITY-ST-ZIP New Pt Richey, FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
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:

Lonnie L. Winkles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LONNIE WINKLES PRESIDENT

Date

Daytime Phone #

CR2E034 (9/99)