

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90020 047 \*\*\*150.00

**DOCUMENT # K62761**

1. Entity Name

**ASSOCIATED ELECTRICAL SERVICES, INC.**

Principal Place of Business

Mailing Address

1139 EMMAUS CEMETERY RD.  
P.O. BOX 1716 (33539-1716)  
SAN ANTONIO FL 33576P.O. BOX 1151  
P.O. BOX 1716 (33539-1716)  
SAN ANTONIO FL 33576-1151  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0105580

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DEAL, CHARLIE NOLAN**  
**1139 EMMAUS CEMETERY ROAD**  
**SAN ANTONIO FL 33576**

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, 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	DEAL, CHARLIE NOLAN	1139 EMMAUS CEMETERY ROAD	SAN ANTONIO FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	WILDS, LINDA	11045 OLD LAKELAND HWY	DADE CITY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Charlie N. Deal* **CHARLIE N. DEAL**

1-22-00

Date

352-588-2940

Daytime Phone #

CR2E034 (9/99)