

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90020 006 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K70971

1. Entity Name

ABBOTT ELECTRIC OF OCALA, INC.

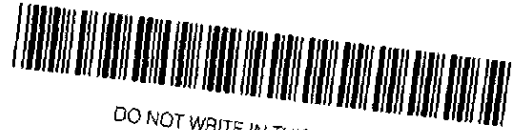
Principal Place of Business

% **WILLIAM C. ABBOTT JR**
465 S.W. 98TH LANE
OCALA FL 34476
US

Mailing Address

% **WILLIAM C. ABBOTT JR**
465 S.W. 98TH LANE
OCALA FL 34476-7604
US

A0014695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2944920

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

ABBOTT, WILLIAM C., JR
465 S.W. 98TH LANE
OCALA FL 34476

FL

Zip Code

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

William C. Abbott Jr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

1-26-00
DATE

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS

ABBOTT, WILLIAM C., JR
465 S W 98TH LANE
OCALA FL 34476

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

ADDRESS

ABBOTT, JANE
465 S.W. 98TH LANE
OCALA FL 34476

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

ADDRESS

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a). If this report or supplemental report is true and accurate and that my signature shall have the effect of a signature of the receiver or trustee empowered to execute this report as required. I am attaching an attachment with an address, with all other like employees.