

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004783

1. Entity Name

DISCOUNT ELECTRIC MOTORS & POOL SUPPLIES "L.L.C.

FILED

01 JUL 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7320 US HWY 98 NORTH
LAKELAND FL 33809

7320 US HWY 98 NORTH
LAKELAND FL 33809

2. Principal Place of Business

3. Mailing Address

7320 Hwy 98 North

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland FL

Zip 33809

Country POL

Zip

Country

4. FEI Number

59-3707078

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GANGRAW, JANET M
5715 CRAFTON DRIVE
LAKELAND FL 33809

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)

7-9-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ALL OFFICERS NEW Business
STREET ADDRESS Janet M. Gangraw
CITY-ST-ZIP 5715 Crafton Drive / 3607 US 98 N
Lakeland, FL 33809 / Lakeland FL 33809

TITLE NAME
STREET ADDRESS 300004509663--0
CITY-ST-ZIP -07/31/01--01060--024
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-20-01

863.8586833

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE