

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008005

1. Entity Name

ABC ELECTRIC LC

ABC HEAT, AIR & Electric LC

Principal Place of Business

RT 6 #1496  
LAKE CITY FL 32025

Mailing Address

RT 6 #1496  
LAKE CITY FL 32025

2. Principal Place of Business

RT 6 #1496

Suite, Apt. #, etc.

3. Mailing Address

RT 6 #1496

Suite, Apt. #, etc.

City & State

Lake City FL

Zip

32025

Country

USA

City & State

Lake City FL

Zip

32025

Country

USA

4. FEI Number

593657423

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEADINGHAM, LEROY  
RT 6 #1496  
LAKE CITY FL 32025

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
owner  
LEROY LEADINGHAM MGRM  
RT 6 #1496  
Lake City FL 32025

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
owner  
LEROY LEADINGHAM MGRM  
RT 6 #1496  
Lake City FL 32025

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ 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 LEROY LEADINGHAM MGRM

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

Date

Daytime Phone #

4-6-01 386-755-9677

APPROVED  
AND  
FILED

01 MAY 14 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE