

2002 UNIFORM BUSINESS REPORT (UBR)

0005232

DOCUMENT # L01000018320

1. Entity Name

ALL CONCEPTS ELECTRICAL LLC

Principal Place of Business

4206 QUANDO DR
ORLANDO FL 32812

Mailing Address

4206 QUANDO DR
ORLANDO FL 32812

FILED

02 JUL 22 AM 9: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1304 Warwick Place

Suite, Apt. #, etc.

3. Mailing Address

PO Box 620762

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3759540

Applied For

Not Applicable

Zip

32806

Country

USA

Zip

32862

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIS, CHRIS
4206 QUANDO DR
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name
~~ROBERT LEWIS~~
Street Address (P.O. Box Number is Not Acceptable)
1304 WARWICK PLACE
City
ORLANDO FL Zip Code
32806

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ROBERT LEWIS

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

Robert Lewis

(NOTE: Registered Agent signature required when reinstating)

7/15/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Manager</u> <u>CHARLES ELLIS</u> <u>511 Boardman Drive</u> <u>Punta Gorda, FL 33950</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<u>05/03/02--90056--008--\$50.00</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Required

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

7/15/02 407-898-7150

Date Daytime Phone #

CR2E083 (4/02)