2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L18577 Aug 03, 2000 8:00 am Secretary of State 1. Entity Name P. G. ELECTRIC, INC. 08-03-2000 90039 021 ***150.00 Principal Place of Business Mailing Address 14967 COLLECTING CANAL RD 14967 COLLECTING CANAL RD LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2977361 Not Applicable ZipCountry Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GRENIER, PAUL** Street Address (P.O. Box Number is Not Acceptable) 14967 COLLECTING CANAL RD LOXAHATCHEE FL 33470 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 \$550.00 ... 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE GRENIER, PAUL NAME NAME 14967 COLLECTING CANAL RD STREET ADDRESS STREET ADDRESS LOXAHATCHEE FL 33470 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

7-26-60 (561-793-7053)
Date Daytime Phone #

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

DATE 7/26/00

att= kelly

subj: RE: 2000 uniform business report

REQUEST A WAIVER FOR LATE FEE

THE REASON I D"INT SENT ANY CHECK FOR THE FIRST NOTICE IS SIMPLY BECAUSE I (SWEAR) I NEVER RECEIVED IT BELIEVE IT OR NOT THIS IS TRUTH I ALWAYS PAID MY DUE ON TIME

MAY BE YOU CAN CHECK ALL THE PAST YEARS.

THANKS IN ADVANCE