

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L18967

1. Entity Name

PHASE III ELECTRIC, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90090 046 ***150.00

Principal Place of Business

P. O. BOX 1299
KEY LARGO FL 33037

Mailing Address

140 SUNSET ROAD
KEY LARGO FL 33037-2008
US

2. Principal Place of Business

24 East 1st Street

3. Mailing Address

P O Box 1299

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key Largo FL

City & State

Key Largo FL

4. FEI Number

65-0159598

Applied For

Not Applicable

Zip

33037

Country

USA

Zip

33037

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEARD, JOE L
18 SUNSET RD.
KEY LARGO FL 33037

Name

Joe L Heard

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

24 East 1st Street

City

Key Largo

FL

Zip Code

33037

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

9. 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

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HEARD, JOE L.	
STREET ADDRESS	18 SUNSET RD.	
CITY-ST-ZIP	KEY LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe L Heard

Date

Daytime Phone #

02-22-00 305-852-3404

CR2E034 (9/99)