

**DOCUMENT # L42370**

1. Entity Name

**ARMSTRONG ELECTRIC MOTOR SERVICE, INC.**

01-22-2000 90069 006 \*\*\*150.00

[REDACTED]

Principal Place of Business	Mailing Address
C/O MICHAEL ARMSTRONG 1609 W CANAL ST POB 774 NEW SMYRNA BEACH FL 32170	C/O MICHAEL ARMSTRONG 1609 W CANAL ST POB 774 NEW SMYRNA BEACH FL 32170-0774

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-2988602	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>ARMSTRONG, MICHAEL</b> <b>802 FAIRWAY DR.</b> <b>NEW SMYRNA BEACH FL 32168</b>	Name
	Street Address (If different from above)
	City

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
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 \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution.</p>	<p><input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VS</b> <b>ARMSTRONG, THERESA</b> <b>802 FAIRWAY DR., P.O. BOX 411</b> <b>NEW SMYRNA BEACH FL</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PTD</b> <b>ARMSTRONG, MICHAEL</b> <b>802 FAIRWAY DR., P.O. BOX 411</b> <b>NEW SMYRNA BCH FL</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

[illegible]

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: Michael F. Armstrong Michael F. Armstrong 1-17-2000 9044288261

CR2E034 (9/99)