2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97997

ACCMO ELECTRICAL SERVICE, INC.

FILED Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90012 010 ***150.00

Seas HARTSRELD RO ACKSOMNUE FL 3277 US Seas HARTSRELD RO ACKSOMNUE FL 3277 US Suite, Apt. #, etc. City & State	Principal Plac	ce of Busines	S	Mailing Address								
Suite, Apt. #, etc. City & State Country Country Country Country City Street Address of Current Registered Agent Name MCLAUGHLIN, SAMUEL B. 3555 HARTSFIELD RD JACKSONVILLE FL 32277 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floridu. SignaTure 9. This corporation is eligible to statisfy its Infangible (See criteria on back) The Address of Proficers and Directions Take first requisement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 The Electron Campaign Firending \$5,00 May be Added to Fees Added to Fees Sitter scoress The Addition Sitter Scores (P.O. Box Number is Not Acceptable) \$5,00 May be Added to Fees \$5,00 May be Added to Fees Added to Fees \$5,00 May be Added to Fees Added to Fees Added to Fees The Addition Scores (P.O. Box Number is Not Acceptable) The Electron Campaign Firending \$5,00 May be Added to Fees Added to Fees Added to Fees The Addition Scores (P.O. Box Number is Not Acceptable) The Electron Campaign Firending \$5,00 May be Added to Fees Added to Fees Added to Fees The Addition Scores (P.O. Box Number is Not Acceptable) The Electron Campaign Firending The Electron Campaign Firendi	3695 HARTSFIELD RD JACKSONVILLE FL 32277			3695 HARTSFIELD RD JACKSONVILLE FL 32277								
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Feer Required \$8.75 A	Suite, Apt	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Section Sect	City & Sta	te		City & State			4.	4. FEI Number 59-3041892				7
MCLAUGHLIN, SAMUEL B. 3355 HARTSPIELD RD JACKSONVILLE FL 32277 City FL Zip Code STORE Address (P.O. Box Number is Not Acceptable) STORE Address (P.O. Box Number is Not Acceptable) 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 Signatur, typed or priser chare of lagrands govir end for a registered agent, or both, in the State of Florida. SIGNATURE Signatur, typed or priser chare of lagrands govir end for a registered agent, or both, in the State of Florida. SIGNATURE Signatur, typed or priser chare of lagrands govir end for a registered agent, or both, in the State of Florida. SIGNATURE Signatur, typed or priser chare of lagrands govir end for a registered agent, or both, in the State of Florida. SIGNATURE Signatur, typed or priser chare of lagrands govir end for a registered agent, or both, in the State of Florida. SIGNATURE Signatur, typed or priser chare of lagrands govir end for a registered agent, or both, in the State of Florida. SIGNATURE Signatur, typed or priser chare of lagrands govir end for a registered agent, or both, in the State of Florida. SIGNATURE Signature depriser of the control of State OAPIT Control of Celefon Campaign Financing Carlo of Celefon Carlo of Celefon Campaign Financing Carlo of Celefon Campaign Financing Carlo of Celefon Carlo	Zip .	٠. ٠.٠ ٠.	Country	Zip Country			5.	Certificate of Status Desired	d 🗆	\$8.75 Ad	ditional	1
Street Addross (P.O. Box Number is Not Acceptable) Street Addross (P.O. Box Number is Not Acceptable) Street Addross (P.O. Box Number is Not Acceptable) City	· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Current	gistered Agent			7.					
SIGNATURE **Signature**, tyeed or present owns of degreered agent of the purpose of changing its registered agent, or both, in the State of Florida. **Signature**, tyeed or present owns of legistered agent of the registered agent, or both, in the State of Florida. **Signature**, tyeed or present owns of legistered agent of the registered agent, or both, in the State of Florida. **Signature**, tyeed or present owns of legistered agent of the registered agent, or both, in the State of Florida. **Signature**, tyeed or present owns of legistered agent of the registered agent, or both, in the State of Florida. **Signature**, tyeed or present owns of legistered agent of the registered agent, or both, in the State of Florida. **Signature**, tyeed or present owns of legistered agent of the registered agent, or both, in the State of Florida. **DATE** **Signature**, tyeed or present owns of legistered agent of the registered agent, or both, in the State of Florida. **DATE** **DATE** **DATE** **OATHOR REGISTAND OFFICERS AND DIFFECTORS** **Signature** **OATHOR REGISTAND OFFICERS AND DIFFECTORS** **OATHOR REGISTAND OFFICERS** **OATHO						Name						7
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 Signa						Street Address (P.O. Box Number is Not Acceptable)						4
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, honde or printed revine of registered agent and title of applicable. P. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) The printed	JACI	KSONVILLE	FL 32277								-]
SIGNATURE 9. This corporation is eligible to satisfy its Intangible (ROTE: Registered Agent signature required when renestating) 9. This corporation is eligible to satisfy its Intangible (See criteria on back) 9. This corporation is eligible to satisfy its Intangible (See criteria on back) 9. This corporation is eligible to satisfy its Intangible (See criteria on back) 9. This corporation is eligible to satisfy its Intangible (See criteria on back) 9. This corporation is eligible to satisfy its Intangible (See criteria on back) 9. This corporation is eligible to satisfy its Intangible (See criteria on back) 9. This corporation is eligible to satisfy its Intangible (See criteria on back) 11.						City			Fl	_ Zip Cod	de	
Truet Fund Contribution Added to Fees Addition Added to Fees	9. This corp	Signature, typed oration is elig	ible to satisfy its Intangible	FILE NOW!	!! FEE	IS \$150.00	<u> </u>			\$5.0	10 May 80	}
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nereby 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:

muel 10 Maught Samuel B. McLaughlin 4-23-01

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date