

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004297

1. Entity Name

AMC ELECTRIC, L.C.

Principal Place of Business

1513 SOUTH KIMBREL AVENUE
PANAMA CITY FL 32404

Mailing Address

1513 SOUTH KIMBREL AVENUE
PANAMA CITY FL 32404

2. Principal Place of Business

3. Mailing Address

P.O. Box 18818

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City Beach

Zip

Country

Zip

Country

32417

USA

4. FEI Number

59-3587815

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPISI, ROBERT

1513 SOUTH KIMBREL AVENUE
PANAMA CITY FL 32404

Name

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

City

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

Robert M. Campisi

Robert M. Campisi

4-11-2001

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004065165--0
-04/24/01--01109--008
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CAMPISI, ROBERT
1513 SOUTH KIMBREL AVENUE
PANAMA CITY FL 32404

☐ Delete

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

Date

Daytime Phone #

Robert M. Campisi

Robert M. Campisi

4-11-2001

APPROVED
AND
FILED

01 APR 16 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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