

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005630

1. Entity Name

SIGNATURE ELECTRICAL CONTRACTING, L.L.C.

FILED

00 MAR 23 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

282 BAYSIDE DR.
CLEARWATER FL 33767

Mailing Address

282 BAYSIDE DR.
CLEARWATER FL 33767-2503

2. Principal Place of Business

6110 EDgewater DR. STE I
Suite, Apt. #, etc.
ORLANDO FL
City & State

3. Mailing Address

6110 EDgewater DR STE I
Suite, Apt. #, etc.
ORLANDO FL
City & State

4. FEI Number

59-3595240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALSH, ROBERT S
282 BAYSIDE DR.
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
	MGRM	WALSH, ROBERT S	282 BAYSIDE DR. CLEARWATER FL 33767	<input type="checkbox"/>
	MGRM	MALAMISURA, FRANK J	548 ZACHARY DR. APOPKA FL 32712	<input type="checkbox"/>
	MGRM	GODWIN, DALE A	5104 CONROY RD., #216 ORLANDO FL 32811	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
	MGRM	GODWIN, DALE A	308 S. HAMPTON AVE ORLANDO FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 OR MANAGER

3/13/00

Date

(407) 294-7813

Daytime Phone #

CR2E083 (9/99)