

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 EDGWAYER DR. SHE I
ORLANDO FL**

3. Mailing Address
**6110 EDGWAYER DR SHE I
ORLANDO FL**

4. FEI Number
59-3595240

5. Certificate of Status Desired Applied For
 Not Applicable

6. Zip
32810

7. Country

8. Zip
32810

9. Country

10. \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8000002198388-7 04/06/00-01035-019 ****50.00 ****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GODWIN, DALE A 308 S. HAMPTON AVE ORLANDO FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DALE A GODWIN** **REQUIRED** **3/13/00** **(407)294-7813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)