

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005630

1. Entity Name

SIGNATURE ELECTRICAL CONTRACTING, L.L.C.

Principal Place of Business

6110 EDGEWATER DR STE 1
ORLANDO FL 32810

Mailing Address

6110 EDGEWATER DR STE 1
ORLANDO FL 32810

2. Principal Place of Business

551 Holts Lake Ct.

Suite, Apt. #, etc.

Suite 204

City & State

Apopka, FL

Zip

32703

Country

USA

3. Mailing Address

551 Holts Lake Court

Suite, Apt. #, etc.

Suite 204

City & State

Apopka, FL

Zip

32703

Country

USA

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

600004375616--6
06/07/01--01066--019
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME WALSH, ROBERT S
STREET ADDRESS 282 BAYSIDE DR.
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE MGRM
NAME MALAMISURA, FRANK J
STREET ADDRESS 548 ZACHARY DR.
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE MGRM
NAME GODWIN, DALE A
STREET ADDRESS 308 S HAMPTON AVE
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

1/9/01

(407) 884-8226

Date

Daytime Phone #