

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90751 037 \*\*\*\*50.00

**DOCUMENT # MO1000000872**

1. Entity Name

**ENCOMPASS ELECTRICAL TECHNOLOGIES - FLORIDA, LLC**



Principal Place of Business

**430 WEST DRIVE  
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**430 WEST DRIVE  
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

**3 Greenway Plaza**

3. Mailing Address

**same as**

Suite, Apt. #, etc.

**2000**

City & State

**Houston TX**

Zip

**77046**

Country

**USA**

Suite, Apt. #, etc.

**Principal**

City & State

Zip

**77046**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **74-2991714**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BORDERICK, F. RANCE VP  
430 WEST DRIVE  
ALTAMONTE SPRINGS FL 32714** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Layne S. Abbert  
3 Greenway Plaza, #2000  
Houston, TX 77046** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CORNELIUS, MICHAEL L VP  
430 WEST DRIVE  
ALTAMONTE SPRINGS FL 32714** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Gray ft. MURRY  
3 Greenway Plaza, #2000  
Houston, TX 77046** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
POMEROY, STEPHEN C SVP  
3131 SW 13TH DRIVE  
DEERFIELD BEACH FL 33442** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
John A. Hale, Jr.  
3 Greenway Plaza, #2000  
Houston, TX 77046** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
OLMSTEAD, JACK A PRESIDE  
430 WEST DRIVE  
ALTAMONTE SPRINGS FL 32714** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BEASLEY, DAVID M SVP  
430 WEST DRIVE  
ALTAMONTE SPRINGS FL 32714** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MCFARLAND, CHARLES W SVP  
430 WEST DRIVE  
ALTAMONTE SPRINGS FL 32714** ☒ Delete

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

Date

Daytime Phone #

CR2E083 (10/02)