

DOCUMENT # M31788

C.E.C. ELECTRIC, INC.

1848 NW 21ST STREET
POMPANO BEACH FL 33069
US

1848 NW 21ST STREET
POMPANO BEACH FL 33069-1306
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

59-2676750

| |
|----------------|
| Not Applicable |
|----------------|

☐ **\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent-

BLACKMON, CULLEN
4340 NW 4TH CT
COCONUT CREEK FL 33066

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | BLACKMON, CULLEN | |
| STREET ADDRESS | 4340 N.W. 4 COURT | |
| CITY-ST-ZIP | COCONUT CREEK FL | |

| TITLE | <input type="checkbox"/> Delete |
|-----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | | |
|-----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| TITLE | <input type="checkbox"/> Delete |
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| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

TITLE ☐ Change ☐ Addition
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 CITY-ST- ZIP

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 NAME
 STREET ADDRESS
 CITY - ST - ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William A. Harkness*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90108 043 ***150.00



DO NOT WRITE IN THIS SPACE

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