

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M58748

1. Entity Name

SANDERS ELECTRIC INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90208 003 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O H. DAVID SANDERS 3915 NW 164TH ST. OPA LAOCKA FL 33054	Mailing Address C/O H. DAVID SANDERS 3915 NW 164TH ST. OPA LAOCKA FL 33054-6216
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0009893	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SANDERS, HERMAN D.
3915 NW 164 ST.
OPA LOCKA FL 33054

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 _____ (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

11. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> Delete
NAME	SANDERS, HERMAN D.	
STREET ADDRESS	3915 NW 164TH ST.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANDERS, DEBORAH A.	
STREET ADDRESS	3915 NW 164TH ST.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SANDERS, TRACI	
STREET ADDRESS	3915 N.W. 164TH ST.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *H. Sanders* A-12-00 (305)624-1003
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)