2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
01-25-2000 90011 012 ***158.75

DOCUMENT # M66515

1. Entity Name

MUSSELWHITE ELECTRIC, INC.

Principal Place of Business	Mailing Address
% DALE G. MUSSELWHITE 2810 PINE AVE. APOPKA FL 32703	% DALE G. MUSSELWHITE 2810 PINE AVE. APOPKA FL 32703-5912

C0009339

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3681 N. CITRUS CR	3681 N. CITRUS CR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ZELLWOOD, FL	City & State: ZELLWOOD, FL
Zip: 32798 — Country: ~~SEMINOLE~~ ORANGE	Zip: 32798 — Country: ~~SEMINOLE~~ ORANGE

4. FEI Number 59-2868978 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MUSSELWHITE, DALE G.
2810 PINE AVE.
APOPKA FL 32703

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)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUSSELWHITE, DALE G. 2810 PINE AVE. APOPKA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition MUSSELWHITE, D 3681 N. CITRUS CR ZELLWOOD, FL. 32798
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] 01-15-00 407-889-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #