

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *M79491*
Entity Name *D & S Electrical of Brevard, Inc L*

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90060 045 ***150.00

Principal Place of Business *733-A North Drive*
Melbourne, FL 32934

812006

3. Mailing Address
Same as above
City & State
Zip
Country *Brevard*

4. FEI Number *59-2890185*
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Donald A. Pepin Sr.
2010 Commodore St.
Melbourne, FL 32934-8405

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 applicable. *Donald A. Pepin* (NOTE: Registered Agent signature required when reinstating) DATE *2-08-00*

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

OFFICERS AND DIRECTORS	
<input type="checkbox"/> Delete	
<i>President</i>	
<i>Donald A. Pepin, Sr.</i>	
<i>2010 Commodore St</i>	
<i>Melbourne, FL 32934-4F10</i>	
<input type="checkbox"/> Delete	
<i>Vice-President</i>	
<i>Salvia K. Pepin</i>	
<input type="checkbox"/> Delete	
<i>Secretary</i>	
<i>Donald A. Pepin, Jr.</i>	
<input type="checkbox"/> Delete	
<i>Treasurer</i>	
<i>Thavis Pepin</i>	
<input type="checkbox"/> Delete	
<i>Same as above</i>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *X [Signature]* *2-08-00* *407-254-4140*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)