

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M79515

1. Entity Name

STRATTON ELECTRIC, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90087 040 ***150.00

Principal Place of Business

7546 ENTERPRISE DRIVE
 WEST PALM BEACH FL 33404
 US

Mailing Address

7546 ENTERPRISE DR
 WEST PALM BCH FL 33404-3302
 US

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0052474**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRATTON, JAMES R
 12936 LA ROCHELLE CIRCLE
 PALM BEACH GARDENS FL 33410

Name **STRATTON JAMES R.**

Street Address (P.O. Box Number is Not Acceptable)

2429 EDWARD RD.

City **PALM BEACH GARDENS FL** Zip Code **33410**

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

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

JIM STRATTON PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

2/3/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **STRATTON, JAMES R**
 STREET ADDRESS **12936 LA ROCHELLE CIRCLE**
 CITY-ST-ZIP **PALM BCH. GARDENS FL**

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

TITLE **ST** ☐ Delete
 NAME **STRATTON, CORAL**
 STREET ADDRESS **12936 LA ROCHELLE CIRCLE**
 CITY-ST-ZIP **PALM BCH GDN FL**

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

TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2000 **(561) 848-1010**

Date

Daytime Phone #

CR2E034 (9/99)