

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90069 030 ***150.00

DOCUMENT # M82813

1. Entity Name
A PLUS ELECTRICAL CONSTRUCTION, INC.

Principal Place of Business

**8967 PHILLIPS HWY
JACKSONVILLE FL 32256**

Mailing Address

**167 W 67 STREET
JACKSONVILLE FL 32208**

2. Principal Place of Business

8967 Phillips Highway

Suite, Apt. #, etc.

3. Mailing Address

8967 Phillips Highway

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32256

City & State

Jacksonville, FL 32256

4. FEI Number

59-2896940

Applied For

☐ Not Applicable

Zip
32256

Country
USA

Zip
32256

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLYNN, JOHN M JR

167 W 67 STREET

JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name

Joye Mardant Sainz

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

8967 Phillips Highway

City

Jacksonville

FL

Zip Code
32256

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

Joye Mardant Sainz

January 14, 2002

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, 2002 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 NAME	DP	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	FLYNN, JOHN	
CITY-ST-ZIP	167 W 67 STREET	
	JACKSONVILLE FL 32208	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Joye Mardant Sainz	
CITY-ST-ZIP	8967 Phillips Highway	
	Jacksonville, FL 32256	
TITLE NAME	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	John M. Flynn, Jr.	
CITY-ST-ZIP	8967 Phillips Highway	
	Jacksonville, FL 32256	
TITLE NAME	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Charles G. Mardant	
CITY-ST-ZIP	8967 Phillips Highway	
	Jacksonville, FL 32256	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.

SIGNATURE

Jan. 14, 02 Joye Mardant Sainz

(904)482-0074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)