

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M97000000681**Entity Name
OF ELECTRICAL ACQUISITION, LLC

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

SOUTH EAST AVENUE
COLUMBUS KS 66725

Mailing Address

501 SOUTH EAST AVENUE
COLUMBUS KS 66725

Principal Place of Business

3. Mailing Address
PO BOX 151

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
COLUMBUS KS

4. FEI Number

74-2850614

Applied For

Not Applicable

Zip

Country

Zip

66725

Country

USA

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**MANAGING MEMBERS/MEMBERS****10.****ADDITIONS/CHANGES**MGR
ROTHI, DAVID
501 S. EAST AVENUE
COLUMBUS KS☒ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionMGR
DESMOND, DENIS
111 HIDDEN VALLEY DRIVE
JOPLIN MO 64804☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CEO

400003221784
-04/24/00--01165--011
*****50.00 *****50.00☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
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CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

dce

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: @

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/27/00 316 429-1000

Date

Daytime Phone #