

# 2000 UNIFORM BUSINESS REPORT (UBR)

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317

**DOCUMENT # M99000001568**

1. Entity Name  
**MATTHEWS ELECTRICAL CONTRACTORS OF HIGHLANDS (NC)**

FILED

00 APR 11 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
434 CAROLINA WAY, SUITE 2  
HIGHLANDS NC 28741

Mailing Address  
434 CAROLINA WAY, SUITE 2  
HIGHLANDS NC 28741



2. Principal Place of Business

3. Mailing Address

P.O. Box 1472

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Highlands, NC

4. FEI Number  
56-2102188

Applied For  
Not Applicable

Zip

Country

Zip  
28741

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROOK, MIRIAM  
4704 TROUBLE CREEK ROAD  
NEWPORT RICHEY FL 34652-4824

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

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
CROOK, JOEL L  
P.O. BOX 1472  
HIGHLANDS NC 28741 ☐ 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  
600003223116-3  
-04/25/00--01067--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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☐ Change ☐ Addition  
dec

11. 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

1/21/00

Date

828-526-3369

Daytime Phone #

CR2E083 (9/99)