

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000001568**

1. Entity Name

MATTHEWS ELECTRICAL CONTRACTORS OF HIGHLANDS (NC)

Principal Place of Business

**434 CAROLINA WAY, SUITE 2
HIGHLANDS NC 28741**

Mailing Address

**P.O. BOX 1472
HIGHLANDS NC 28741**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2102188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

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 ☐ Delete
NAME **MGRM**
STREET ADDRESS **CROOK, JOEL L**
CITY-ST-ZIP **P.O. BOX 1472
HIGHLANDS NC 28741**

☐ Change ☐ Addition
000003575890-3
-01/26/01--01023--005
*******50.00 *****50.00**

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/15/01

CR2E083 (1/1/00)

FILED
01 JAN 22 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE