

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45689

1. Entity Name

MID FLORIDA ELECTRICAL APPRENTICESHIP AND TRAINI

Principal Place of Business

Mailing Address

P.O. BOX 292012
PORT ORANGE FL 32129

P.O. BOX 292012
PORT ORANGE FL 32129-2012

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90122 018 ****61.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3116870		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WIGGINS, JOSEPH P 913 PENINSULA DR ORMOND BEACH FL 32174		Name same Street Address (P.O. Box Number is Not Acceptable) 484 Oakland Park Blvd. City Port Orange FL Zip Code 32127	

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 Joseph P. Wiggins (NOTE: Registered Agent signature required when reinstating) DATE Jan 18, 2000

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANEW, BILL 4025 BEXHILL DRIVE NEW SMYRA BEACH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Connerly, Rick W. 803 Knollview Blvd. Ormond Beach, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIGGINS, JOSEPH P 913 PENINSULA DRIVE ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S same 484 Oakland Park Blvd Port Orange, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGINS, BILLY E 6222 SANTA MONICA DR PORT ORANGE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONNERLY, RICK W 803 KNOLLVIEW BLVD ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lynch, Michael 2254 Green St. South Daytona, FL 32121 <input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAILEY, HENRY W 15 OAKBROOK DRIVE ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, MICHAEL 2254 GREEN ST SOUTH DAYTONA FL 32121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ranew Bill 4025 Bexhill Dr. New Smyrna Beach, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph P. Wiggins SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Jan 18, 2000 Daytime Phone #