

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90050 039 ****61.25

DOCUMENT # N45689

1. Entity Name

MID FLORIDA ELECTRICAL APPRENTICESHIP AND TRAINI

Principal Place of Business

P.O. BOX 292012
 PORT ORANGE FL 32129

Mailing Address

P.O. BOX 292012
 PORT ORANGE FL 32129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3116870

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIGGINS, JOSEPH P
484 OAKLAND PARK BLVD
FORT ORANGE FL 32127

Name

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

City

Port Orange

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 \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
CONSERLY, RICK W
803 KNOLLVIEW BLVD
ORMOND BEACH FL 32174

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Connerly, Rick W.

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S
WIGGINS, JOSEPH P
484 OAKLAND PARK BLVD
DAYTONA BEACH FL 32127

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Port Orange, FL 32127

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
WIGGINS, BILLY E
6222 SANTA MONICA DR
PORT ORANGE FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
T
LYNCH, MICHAEL
2254 GREEN ST
SOUTH DAYTONA FL 32121

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
GAILEY, HENRY W
15 OAKBROOK DRIVE
ORMOND BEACH FL 32174

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
RANEW, BILL
4025 BEXHILL DR.
NEW SMYRNA BEACH FL 32168

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Jan 16, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)