

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90107 044 \*\*\*\*61.25

**DOCUMENT # N45689**

1. Entity Name

**MID FLORIDA ELECTRICAL APPRENTICESHIP AND TRAINING COMMITTEE G.N.J. PROPERTIES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 292012  
 PORT ORANGE FL 32129

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

Zip

Country

Zip

Country

4. FEI Number

**59-3116870**

Applied For

Not Applicable

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

**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

*Pls disregard signature / paw*  
*Joseph P Wiggins*

**1-15-02**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **WIGGINS, BILLY E**  
 CITY-ST-ZIP **8222 SANTA MONICA DR**  
**PORT ORANGE FL**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **32127**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**Jan 25, 2002**

Date

Daytime Phone #

CR2E037 (9/01)