

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 12, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000004710****1. Entity Name**INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION, FLORIDA  
A EAST COAST CHAPTER, INC.**Principal Place of Business**6670 WHITE DRIVE  
SUITE B  
WEST PALM BEACH  
33407

FL

**Mailing Address**6670 WHITE DRIVE  
SUITE B  
WEST PALM BEACH  
33407

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0612647**

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**RAO JOE  
6670 WHITE DRIVE, SUITE BWEST PALM BEACH  
33407

FL

US

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 \_\_\_\_\_ **04/12/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VD	RICHARD A. JONES	212 U.S. HIGHWAY #1	TEQUESTA FL 33469				
TD	JOE RAO	6670 WHITE DR #B	W PALM BCH FL 33407				
VD	DONALD SHARKEY	1620 HILL AVE.	MANGONIA PARK FL 33407				
PD	SULLIVAN GARY T	2115 7TH AVE. NORTH, BAY 8	LAKE WORTH FL 33461				
SD	JAMES STRATTON	7546 ENTERPRISE DR	WEST PALM BEACH FL 33404				

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

JOE RAO

TD

04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)