

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000004710

FILED
Apr 19, 2003
Secretary of State

Entity Name: INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION, FLORIDA EAST COAST CHAPTER, INC.

Current Principal Place of Business:

6670 WHITE DRIVE
SUITE B
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

6670 WHITE DRIVE
SUITE B
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0612647 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RAO, JOE
6670 WHITE DRIVE, SUITE B
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SULLIVAN, GARY T
Address: 2115 7TH AVE. NORTH, BAY 8
City-St-Zip: LAKE WORTH, FL 33461

Title: VD () Delete
Name: DONALD SHARKEY,
Address: 1620 HILL AVE.
City-St-Zip: MANGONIA PARK, FL 33407

Title: TD () Delete
Name: JOE RAO,
Address: 6670 WHITE DR #B
City-St-Zip: W PALM BCH, FL 33407

Title: VD () Delete
Name: RICHARD A. JONES,
Address: 212 U.S. HIGHWAY #1
City-St-Zip: TEQUESTA, FL 33469 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE RAO

TD

04/19/2003

Electronic Signature of Signing Officer or Director

Date