

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003181

1. Entity Name

INDEPENDENT ELECTRICAL CONTRACTORS OF SOUTHWEST

Principal Place of Business

3702 ESTEY AVE
#606
NAPLES FL 34104
US

Mailing Address

P.O. BOX 7878
NAPLES FL 34101-7878
US

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

65-0662253

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN DUYN, WILLIAM
3773 DOMESTIC AVE
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name BALTERMAN, Cynthia A.

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

2016-A TRADE Center Way

City Naples

FL

Zip Code 34109

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

Cynthia A. Balterman

(CYNTHIA A. BALTERMAN)

4/29/01

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

TITLE TD ☐ Delete
NAME NUSZ, DUANE
STREET ADDRESS 4273 ENTERPRISE AVENUE
CITY-ST-ZIP NAPLES FL

TITLE VD ☐ Delete
NAME LAWTON, DENNIS
STREET ADDRESS 3984 PROGRESS AVENUE
CITY-ST-ZIP NAPLES FL

TITLE SD ☐ Delete
NAME BALTERMAN, CINDY
STREET ADDRESS 2016-A TRADE CENTER WAY
CITY-ST-ZIP NAPLES FL

TITLE PD ☒ Delete
NAME VAN DUYN, WILLIAM
STREET ADDRESS 3773 DOMESTIC AVE
CITY-ST-ZIP NAPLES FL 34104

TITLE D ☐ Delete
NAME DETWEILER, TRACY
STREET ADDRESS 4427 EXCHANGE AVENUE STE C
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: Cynthia A. Balterman QUICK CYNTHIA A. BALTERMAN - 4/29/01 - 941-598-3980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90040 010 *****70.00

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)