

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000001782**

1. Entity Name

FLORIDA ASSOCIATION OF ELECTRICAL CONTRACTORS NO

Principal Place of Business

1775 LAKESIDE AVE
ST AUGUSTINE FL 32086

Mailing Address

1775 LAKESIDE AVE
ST AUGUSTINE FL 32086

2. Principal Place of Business

2270 Deerwood Acres Dr.

3. Mailing Address

2270 Deerwood Acres Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

59-3566498

Applied For

Not Applicable

Zip

32084

Country

St. Johns

Zip

32084

Country

St. Johns

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLES, JOSEPH L JR
120 CHARLOTTE STREET
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

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

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: D ☐ Delete
NAME: OWEN, MICKY
STREET ADDRESS: 1775 LAKESIDE AVE
CITY-ST-ZIP: ST AUGUSTINE FL 32086TITLE: D ☐ Delete
NAME: WILSON, CLIFF
STREET ADDRESS: 175 INDUSTRIAL LOOP
CITY-ST-ZIP: ORANGE PARK FLTITLE: D ☐ Delete
NAME: DEBERRY, KIMBERLY
STREET ADDRESS: 13619 N MAIN STREET
CITY-ST-ZIP: JACKSONVILLE FLTITLE: D ☒ Delete
NAME: HACKETT, DEBRA
STREET ADDRESS: 2270 DEERWOOD ACRES DR
CITY-ST-ZIP: ST AUGUSTINE FL 32086TITLE: D ☐ Delete
NAME: LYNCH, BILL
STREET ADDRESS: 124 STATE ROAD 13
CITY-ST-ZIP: JACKSONVILLE FLTITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP: **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE: D ☐ Change ☒ Addition
NAME: HACKETT, CHARLES
STREET ADDRESS: 2270 DEERWOOD ACRES DR.
CITY-ST-ZIP: ST. AUGUSTINE, FL 32084TITLE: D ☐ Change ☒ Addition
NAME: SHEPERD, DENNIS
STREET ADDRESS: 235 SR 207, BLDG - 4/A
CITY-ST-ZIP: ST. AUGUSTINE, FL 32084TITLE: D ☐ Change ☒ Addition
NAME: STRATMANN, MARK
STREET ADDRESS: 1720 - D A1A SOUTH
CITY-ST-ZIP: ST. AUGUSTINE, FL 32084TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: 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:

Charles H. Hackett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED**Apr 16, 2001 8:00 am**
Secretary of State

04-16-2001 90273 047 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)