

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002889

1. Entity Name
SCALF ELECTRIC, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90189 044 ***158.75

Principal Place of Business
**3530 ST. AUGUSTINE RD.
JACKSONVILLE FL 32207**

Mailing Address
**3530 ST. AUGUSTINE RD.
JACKSONVILLE FL 32207**

00058189



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Same as above

3. Mailing Address
Same as above

4. FEI Number **59-3624849** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WESTLING, DALE SR.
331 EAST UNION ST.
JACKSONVILLE FL 32202**

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]* **Dale G. Westling Sr 4/28/01** DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCALF, KIMBERLY		NAME	Scalf, Kimberly	
STREET ADDRESS	10327 GROVER RD.		STREET ADDRESS	13448 Grover Rd	
CITY-ST-ZIP	JACKSONVILLE FL 32226		CITY-ST-ZIP	Jax, FL 32226	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCALF, CECIL		NAME	Scalf, Cecil	
STREET ADDRESS	10327 GROVER RD.		STREET ADDRESS	13448 Grover Rd	
CITY-ST-ZIP	JACKSONVILLE FL 32226		CITY-ST-ZIP	Jax, FL 32226	
TITLE	Secretary	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DAVIS, Sherry	
STREET ADDRESS			STREET ADDRESS	2411 Leafdale Cir	
CITY-ST-ZIP			CITY-ST-ZIP	Jax, FL 32218	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Kimberly A Scalf 4-28-01** DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)