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

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SIGNATURE

## FILED Mar 05, 2001 8:00 am **DOCUMENT # P0000006289 Secretary of State** DAVID PRUETTE'S ELECTRICAL SERVICE, INC. 03-05-2001 90362 041 \*\*\*150.00 Principal Place of Business Mailing Address 4313 HWY. 17 S., PNB 206 4313 HWY, 17 S., PNB 206 ORANGE PARK FL 32073 **ORANGE PARK FL 32073** 816560 pal Place of Business 3. Mailing Address Stowe Ave. Stowe DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For FL 59-3615245 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent David PRUETTE, DAVID Stowe Ave. Street Add 4313 HWY. 17 S., PNB 206 **ORANGE PARK FL 32073** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. Change SRZE034 (10/00) ☐ Addition Delete TITLE TITLE Pruette, David Address only PRUETTE, DAVID NAME NAME 141 Stowe Ave., Ste. B Orange Park FL 32073 STREET ADDRESS 4313 HWY. 17 S., PNB 206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 five and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trusted employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER