

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000038755**

1. Entity Name

A & D ELECTRICAL CONTRACTING SERVICES INC.**FILED****Jan 18, 2001 8:00 am
Secretary of State**

01-18-2001 90006 038 ***150.00

0138046

Principal Place of Business
**891 NW 110TH AVENUE
CORAL SPRINGS FL 33071**

Mailing Address
**891 NW 110TH AVENUE
CORAL SPRINGS FL 33071**



2. Principal Place of Business **N/A** 3. Mailing Address **N/A**

-DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1001427

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**SWABY, ANTHONY
891 NW 110TH AVENUE
CORAL SPRINGS FL 33071**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
|---|---------------------------------|
| PSTD SWABY, ANTHONY 891 NW 110TH AVENUE CORAL SPRINGS FL 33071 | |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |
| | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---|
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR2E034 (10/00)

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: Anthony Swaby ANTHONY SWABY

01-9-01

954-575-0859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #