

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049385

1. Entity Name

L & T ELECTRIC CORPORATION

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90023 043 \*\*\*150.00

Principal Place of Business

Mailing Address

1118 SALT TREE LN.  
PORT RICHEY FL 34667

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PORT RICHEY FL 34667

1118 SALT TREE

1118 SALT TREE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT RICHEY FL

PORT RICHEY FL

Zip

Country

34668

PASCO

Zip

Country

34668

PASCO

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, LYLE

1118 SALT TREE LN.

PORT RICHEY FL 34667

1118 SALT TREE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SMITH, LYLE  
STREET ADDRESS 1118 SALT TREE LN.  
CITY-ST-ZIP PORT RICHEY FL 34667

TITLE STD  
NAME SMITH, TODD L  
STREET ADDRESS 6720 MEDIAR DR.  
CITY-ST-ZIP NEW PORT RICHEY FL 34643

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)