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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

## Feb 08, 2001 8:00 am DOCUMENT # P0000062149 **Secretary of State** SEMINOLE ELECTRIC CONSTRUCTION INC. 02-08-2001 90043 022 \*\*\*150 00 Principal Place of Business Mailing Address 6208 EAST SHORE DRIVE 6208 EAST SHORE DRIVE PENSACOLA FL 32505 PENSACOLA FL 32505 STOOLS 2. Principal Place of Business 3802 NoR+H "5" 3. Mailing Address P. O. Box 37266 Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State PENSACO ) A City & State 4. FEI Number Applied For 31 PENSACOIA 59-3655134 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - -BLACKMON, LLOYD Street Address (P.O. Box Number is Not Acceptable) 6208 EAST SHORE DRIVE PENSACOLA FL 32505 City 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) 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 Addition TITLE ☐ Delete TITLE NAME NAME KEILY W. BLACKMON 7100 Blue ANGEL PARKWAY PENSACOLA 31 32526 V/S/T STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE L'LOYD BIACKMON NAME NAME 6208 EAST SHORE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PENSACOIA , 71 32505 TITLE ☐☐ Change Delete TITLE 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 Change ☐ Addition 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 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.