

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113253

1. Entity Name

FLORIDA GABLE ELECTRIC, INC.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90008 013 ***150.00

U U I V O O



DO NOT WRITE IN THIS SPACE

| | | | |
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| Principal Place of Business 1747 INDEPENDENCE BLVD UNIT E9 SARASOTA FL 34234 | | Mailing Address 1747 INDEPENDENCE BLVD UNIT E9 SARASOTA FL 34234 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-1076647 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PARKER, THEODORE ESQ 2033 MAIN STREET STE 106 SARASOTA FL 34237 | | 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 _____ (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) <input checked="" type="checkbox"/> | | 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. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCLENDON, BARRY 1747 INDEPENDENCE BLVD UNIT E9 SARASOTA FL 34234 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DORSETT, GARY 1747 INDEPENDENCE BLVD UNIT E9 SARASOTA FL 34234 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 is 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: <u>Patrick Dorsett</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Patrick Dorsett 05/31/01 770-271-7771 Date Daytime Phone # | |

CR2E034 (10/00)