

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90370 034 ***150.00

DOCUMENT # P01000005591

1. Entity Name

ELECTRIC SOLUTIONS OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

~~1720D A1A-S-~~

~~1720D A1A-S-~~

ST. AUGUSTINE FL ~~32086~~

ST. AUGUSTINE FL ~~32086~~

2. Principal Place of Business

2111 Dobbs Road

3. Mailing Address

2111 Dobbs Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Augustine, FL

City & State
St. Augustine, FL

4. FEI Number

59-3692536

Applied For

Not Applicable

Zip
32086

Country

Zip
32086

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRATMAN, MARK W

~~1720D A1A-S-~~

ST. AUGUSTINE FL 32086

Name

Street Address (P.O. Box Number is Not Acceptable)

2111 Dobbs Road

City

St. Augustine

FL

Zip Code
32086

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
STRATMAN, MARK W
8 MICKLER BLVD.
ST. AUGUSTINE FL 32080

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)