

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90101 043 ***150.00

DOCUMENT # P01000005591

1. Entity Name

ELECTRIC SOLUTIONS OF NORTHEAST FLORIDA, INC.



Principal Place of Business

**2111 DOBBS RD
SAINT AUGUSTINE FL 32086**

Mailing Address

**2111 DOBBS RD
SAINT AUGUSTINE FL 32086**

2. Principal Place of Business

3. Mailing Address

132 Masters Drive

132 Masters Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32084

Country

Zip

32084

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3692536

Applied For

Not Applicable

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

2111 DOBBS RD

SAINT AUGUSTINE FL 32086

Name

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

132 Masters Drive

City **St. Augustine**

FL

Zip Code **32084**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

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

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

STRATMAN, MARK W
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-03

Date

Daytime Phone #

CR2E034 (10/02)