

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90714 001 ***150.00
 04-28-2002 90714 002 *****8.75

DOCUMENT # P01000022500

1. Entity Name
PAR ELECTRIC, INC.

Principal Place of Business **Mailing Address**
2595 AMAYA TERRACE **2595 AMAYA TERRACE**
LAKE MARY FL 32746 **LAKE MARY FL 32746**

2. Principal Place of Business **3. Mailing Address**
860 EAST S.R 434 **860 EAST S-R. 434**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Longwood, FL **Longwood, FL**
Zip **Country** **Zip** **Country**
32750 **Seminole** **32750** **Seminole**

4. FEI Number **Applied For**
59-3707647 **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, NILS A
2595 AMAYA TERRACE
LAKE MARY FL 32746

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD JOHNSON, NILS A 2595 AMAYA TERRACE LAKE MARY FL 32746 <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	VSD HUDSON, VIVECA M 2221 ILLINOIS AVENUE DELTONA FL 32738 <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	VD JOHN, PATRICK 2955 WILLOW BEND BLVD. ORLANDO FL 32808 <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	<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	<input type="checkbox"/> Delete	TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Viveca M. Hudson **Viveca M. Hudson** 4/14/02 (407) 331-3376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)