

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91606 037 ***150.00

DOCUMENT # P01000062028

1. Entity Name

DAVID P. CROWDER ELECTRIC, INC.

Principal Place of Business

11834 E. CROWDER CT.
 FLORAL CITY FL 34436

Mailing Address

11834 E. CROWDER CT.
 FLORAL CITY FL 34436

2. Principal Place of Business

11834 E. CROWDER CT.

3. Mailing Address

11834 E. CROWDER CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLORAL CITY FL

City & State

FLORAL CITY FL

Zip

34436

Country

CITRUS

Zip

34436

Country

CITRUS

4. FEI Number

59-3713341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CROWDER, DAVID P
 11834 E. CROWDER CT.
 FLORAL CITY FL 34436

7. Name and Address of New Registered Agent

Name

DAVID P. CROWDER

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

11834 E. CROWDER CT

City

FLORAL CITY

FL

Zip Code

34436

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

DAVID P. CROWDER OWNER

4-19-02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CROWDER, DAVID P	
STREET ADDRESS	11834 E. CROWDER CT.	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

DAVID P. CROWDER

4-19-02

352-3441597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)