

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90044 026 \*\*\*150.00

**DOCUMENT # P01000074369**

**1. Entity Name**  
**ISLAND COAST ELECTRICAL CONSTRUCTION, INC.**

**Principal Place of Business**

**1076 BUSINESS LN., STE. 3**  
**NAPLES FL 34110**

**Mailing Address**

**1076 BUSINESS LN., STE. 3**  
**NAPLES FL 34110**

**2. Principal Place of Business**

**1076 Business Lane**

**3. Mailing Address**

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Naples, FL**

City & State

**same**

Zip

**34110**

Country

**Collier**

Zip

**?**

Country

**?**

**4. FEI Number**

**68-1125657**

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**

**MITCHELTREE, JOHN L**  
**315 SE 8TH PLACE**  
**CAPE CORAL FL 33990**

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 John Mitcheltree**

**02-01-02**

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE P**  
**NAME MITCHELTREE, JOHN L**  
**STREET ADDRESS 315 SE 8TH PLACE**  
**CITY-ST-ZIP CAPE CORAL FL 33990**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE VT**  
**NAME TALKOWSKI, ROBERT E JR**  
**STREET ADDRESS 4339 PELICAN BLVD**  
**CITY-ST-ZIP CAPE CORAL FL 33914**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
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☐ Delete

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☐ 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 all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**02-01-02 941-593-4676**

CR2E034 (9/01)