

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-15-2003 90086 010 ***158.75
P02000124633

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DOCUMENT # P02000124633

1. Entity Name
CLEMENS & SAULS ELECTRIC, INC.



Principal Place of Business
1921 NE 61ST ST.
OCALA FL 34479

Mailing Address
1921 NE 61ST ST.
OCALA FL 34479

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 14 AM 10:17



2. Principal Place of Business

3. Mailing Address

PO Box 145

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Ocala FL

City & State

Anthony FL

4. FEI Number

300133039

Applied For

Not Applicable

Zip

34479

Country

Marin

Zip

32617

Country

Mexico

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAULS, MICHAEL J
1921 NE 61ST ST.
OCALA FL 34479

7. Name and Address of New Registered Agent

Name

Laurence W. Clemens

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

2931 NE 99th St

City

Anthony

FL

Zip Code

32617

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]

(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

TITLE D
NAME SAULS, MICHAEL J
STREET ADDRESS 51 NE 49TH ST.
CITY-ST-ZIP Ocala FL 34479 ☐ Delete

TITLE D
NAME CLEMENS, LAURENCE W
STREET ADDRESS 1921 NE 61ST ST.
CITY-ST-ZIP Ocala FL 34479 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 2931 NE 99th St
CITY-ST-ZIP Anthony, FL 32617 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03

Date

352-629-8645

Daytime Phone #

CR2E034 (10/02)