

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29861

1. Entity Name

UNIVERSAL ELECTRIC COMPANY INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90206 040 ***150.00

Principal Place of Business

24331 PRODUCTION CIRCLE
STE #1
BONITA SPRINGS FL 34135-2372
US

Mailing Address

P O BOX 2372
BONITA SPRINGS FL 34133-2372

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-0725050**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BUENNAGEL, DONALD R.
4835 BONITA BEACH RD
#210
BONITA SPRINGS FL 33923

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

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	BUENNAGEL, DONALD R.	
STREET ADDRESS	4835 BONITA BCH RD #210	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	BUENNAGEL, JOANNE M.	
STREET ADDRESS	4835 BONITA BCH RD #210	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEATH, DAVID D.	
STREET ADDRESS	325 MAIN ST	
CITY-ST-ZIP	NO. WEBSTER IN	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEATH, SUSAN J.	
STREET ADDRESS	325 MAIN ST	
CITY-ST-ZIP	NO. WEBSTER IN	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	BUENNAGEL, J. CLIFFORD	
STREET ADDRESS	3450 GULF SHORE BLVD 309	
CITY-ST-ZIP	NAPLES FL	
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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-99 941-495-3399

CR2E034 (9/99)