

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29861

1. Entity Name

UNIVERSAL ELECTRIC COMPANY INC.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90143 010 \*\*\*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 33959-9372

2. Principal Place of Business

26801 OLD 41 ROAD

3. Mailing Address

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

City & State

BONITA SPRINGS

City & State

Zip

34135

Country

LEE

Zip

Country

4. FEI Number 35-0725050

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

~~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, 2001 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 PD  
NAME BUENNAGEL, DONALD R.  
STREET ADDRESS 4835 BONITA BCH RD #210  
CITY-ST-ZIP BONITA SPRINGS FL ☐ Delete

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

TITLE SVD  
NAME BUENNAGEL, JOANNE M.  
STREET ADDRESS 4835 BONITA BCH RD #210  
CITY-ST-ZIP BONITA SPRINGS FL ☐ Delete

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

TITLE SD  
NAME HEATH, DAVID D.  
STREET ADDRESS 325 MAIN ST  
CITY-ST-ZIP NO. WEBSTER IN ☐ Delete

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

TITLE TD  
NAME HEATH, SUSAN J.  
STREET ADDRESS 325 MAIN ST  
CITY-ST-ZIP NO. WEBSTER IN ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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: DONALD R BUENNAGEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01 941-495-3399

Date

Daytime Phone #

CR2E034 (10/00)