

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90104 011 ***150.00

DOCUMENT # P40928

1. Entity Name

GUY BARRETTE ELECTRICAL CONTRACTOR, INC.

Principal Place of Business

**4053 ACOMA DR.
 ORMOND BEACH FL 32174**

Mailing Address

**P.O. BOX 250724
 HOLLY HILL FL 32125**

2. Principal Place of Business

337 6th St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Holly Hill, FL

City & State

Zip

32117

Country

USA

Country

4. FEI Number

06-1174223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BARRETTE, GUY
 4053 ACOMA DR.
 ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

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, 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 **DCP** ☐ Delete
 NAME **BARRETTE, GUY**
 STREET ADDRESS **4053 ACOMA DR.**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **DS** ☐ Delete
 NAME **BARRETTE, JUDITH**
 STREET ADDRESS **4053 ACOMA DR.**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **610 Boice Lane**
 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **610 Boice Lane**
 CITY-ST-ZIP **Ormond Beach, FL 32174**

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

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

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

TITLE ☐ Change ☐ 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:

JUDITH BARRETTE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

(386)258-7944

Daytime Phone #

CR2E034 (9/01)