

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90026 040 ***150.00

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DOCUMENT # P92000013593

1. Entity Name
N & C ELECTRONICS, INC.

Principal Place of Business
**1829 ROBERTS LANDING RD
WINDERMERE FL 34786
US**

Mailing Address
**P O BOX 725
GOTHA FL 34734
US**

00031411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
943 Red Dandy Dr.

3. Mailing Address
Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

4. FEI Number **59-3155756**

Applied For
Not Applicable

Zip **32818** Country **U.S.**

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

**AMICI, NINO
1829 ROBERTS LANDING RD
WINDERMERE FL 32786**

Name
Street Address (P.O. Box Number is Not Acceptable)
943 Red DANDY DR.
City **ORLANDO, FL** Zip Code **32818**

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]* DATE **4-3-01**

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
NAME **S AMICI, CECILIA** ☐ Delete
STREET ADDRESS **1829 ROBERTS LANDING RD**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE
NAME **943 Red Dandy Dr.** ☒ Change ☐ Addition
STREET ADDRESS **ORLANDO FL 32818**
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01 407-293-4165
Date Daytime Phone #

CR2E034 (10/00)