

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90013 011 \*\*\*150.00

**DOCUMENT # P93000038659**

**1. Entity Name**  
**PRELUDE ELECTRICAL SERVICES, INC.**

**Principal Place of Business**

**2830 BLACKBURN AVE  
 DELTONA FL 32738**

**Mailing Address**

**2830 BLACKBURN AVE  
 DELTONA FL 32738**

**2. Principal Place of Business**

**2995 Highland Lakes Dr.  
 Suite, Apt. #, etc.**

**3. Mailing Address**

**2995 Highland Lakes Dr.  
 Suite, Apt. #, etc.**

**City & State**

**Deltona, FL**

**City & State**

**Deltona, FL**

**4. FEI Number**

**59-3189200**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**32738 U.S.**

**Zip**

**Country**

**32738 U.S.**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KNIGHT, ROBERT E  
 2830 BLACKBURN AVE  
 DELTONA FL 32738**

**7. Name and Address of New Registered Agent**

**Name Robert E. Knight**

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

**2995 Highland Lakes Dr.**

**City Deltona**

**FL**

**Zip Code 32738**

**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**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KNIGHT, ROBERT E</b>	
<b>STREET ADDRESS</b>	<b>2830 BLACKBURN AVE</b>	
<b>CITY-ST-ZIP</b>	<b>DELTONA FL 32738</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Robert E. Knight</b>	
<b>STREET ADDRESS</b>	<b>2995 Highland Lakes Dr.</b>	
<b>CITY-ST-ZIP</b>	<b>Deltona, FL 32738</b>	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Tony L. Blackwell</b>	
<b>STREET ADDRESS</b>	<b>1301 Gage Ave</b>	
<b>CITY-ST-ZIP</b>	<b>Deltona, FL 32738</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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**  
 Robert E. Knight

Date

Daytime Phone #

4/22/02

407-302-2907

CR2E034 (9/01)