

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jun 27, 2000 8:00 am
Secretary of State

05-23-2000 90262 002 ***550.00

DOCUMENT # P93000076102

1. Entity Name

SAN ANN ELECTRIC, INC.

12

Principal Place of Business

Mailing Address

P.O. BOX 731
SAN ANTONIO FL 33576

P.O. BOX 786
SAN ANTONIO FL 33576-0786
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3210693

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

JONES, JAMES RALPH
32553 MICHIGAN AVE.
SAN ANTONIO FL 33576

Name Kris Laukat

Street Address (P.O. Box Number is Not Acceptable)
32553 Michigan Avenue

San Antonio, FL 33576

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

Kris Laukat President

6-15-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JONES, JAMES RALPH
STREET ADDRESS 33009 MCCABE ROAD
CITY-ST-ZIP SAN ANTONIO FL ☒ Delete

TITLE Kris Laukat
NAME 32553 Michigan Ave.
STREET ADDRESS San Antonio, FL 33576
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VSTD
NAME LAUKAT, KRIS
STREET ADDRESS 32553 MICHIGAN AVE.
CITY-ST-ZIP SAN ANTONIO FL ☒ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

Kris Laukat

6-1-00

Date

352-588-3827

Daytime Phone #

C-1 E034 (9/93)