

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076349

1. Entity Name

ELECTRIC MOTORS & CONTROLS, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90035 032 ***150.00

Principal Place of Business

Mailing Address

139 CONDACE DR
MAITLAND FL 32751
US

139 CONDACE DR
MAITLAND FL 32751
US

2. Principal Place of Business

3. Mailing Address

139 CANDACE DR
Suite, Apt. #, etc.

139 CANDACE DR
Suite, Apt. #, etc.

City & State
MAITLAND FL

City & State
MAITLAND FL

4. FEI Number 59-3214603

Applied For
Not Applicable

Zip 32751 Country

Zip 32751 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

NORVELL, DAVID E
139 CANDACE DR
MAITLAND FL 32751

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, 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 P
NAME NORVELL, DAVID E.
STREET ADDRESS 139 CANDACE DR
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2 E 0014 (1/98)