## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000088156

1. Entity Name

CITY-ST-ZIP

TITLE

NAME

**TAMPA FL 33615** 

SANFORD, CHARLES R

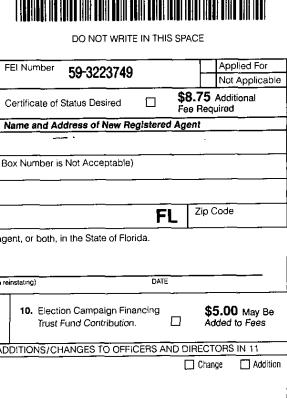
VSD

AMPERIO ELECTRIC, INC.

| Principal Place of Business  |  | Mailing Address                              |   | ļ  |                    |
|--|--|--|---|--|--------------------|
| B112 NORTH 9TH STREET<br>TAMPA FL 33604-3111   |  | 8112 NORTH 9TH STREET<br>TAMPA FL 33604-3112 |   |  |                    |
|  | •  |  |   |  |                    |
| 2. Principal Place of Business   |  | 3. Mailing Address                           |   |  |                    |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                          |   | DO NOT WRITE                               | E IN THIS SPACE    |
| City & State   |  | City & State                                 |   | 4. FEI Number 59-3223749                   | -                  |
| Zìp  | Country  | Zip  | Country   | 5. Certificate of Status Desired           | □ \$8.75<br>Fee Re |
|  | 6. Name and Address of Current   | Registered Agent                             |   | 7. Name and Address of New Re              | gistered Agent     |
| the second secon |  |  | Name  |  | -                  |
| 8112 NO  | rd, Charles R<br>Drth 9th Street<br>Fl 33604-3111  |  | Street Address  | s (P.O. Box Number is Not Acceptable)      |                    |
|  |  |  | City  |  | FL Zip             |
| SIGNATURE  | med entity submits this statement for<br>nature, typed or printed name of registered agent | _  | registered office or regist   | tered agent, or both, in the State of Flor | rida.              |
| ,  | ion is eligible to satisfy its Intangible<br>direment and elects to do so.<br>on back)     | After MAY 1, 20                              | III FEE IS \$150.00<br>00 Fee will be \$550.00<br>ble to Department of Si | I HUSE I UNG CONGIDURON                    | · - 1              |
| 11.  | OFFICERS AND   | DIRECTORS                                    | 12.   | ADDITIONS/CHANGES TO OFFI                  | CERS AND DIREC     |
| NAME PI  | TD<br>EREZ, LILLIAN<br>311 REGINA PLACE  | · Delete                                     | TITLE NAME STREET ADDRESS   |  | ☐ Cha              |

## **FILED** May 31, 2000 8:00 am Secretary of State

05-31-2000 90006 033 \*\*\*550.00



| STREET ADDRESS<br>CITY-ST-ZIP         | P.O. BOX 9 LAUREL AVENUE<br>EAGLE LAKE FL 33839                        | STREET ADDRESS CITY-ST-ZIP   |
|---------------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete   | TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete   | TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · Delete   | TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete   | TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP   |
| indicated                             | on this report or supplemental report is true and accurate and that my | e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if |

CITY-ST-ZIP

TITLE

NAME

☐ Delete

changed, or on an attachment with an address 5 - 22-00 813-932-7146 SIGNATURES

**◆**Date

Daytime Phone #

☐ Change

Addition