## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 11, 2001 8:00 am Secretary of State DOCUMENT # P94000032243 MCGREGOR ELECTRIC MOTORS AND PUMPS +, INC. 05-11-2001 90453 006 \*\*\*150.00 Principal Place of Business Mailing Address 922 SE 13TH PL 922 SE 13TH PL CAPE CORAL FL 33990 CAPE CORAL FL 33990 UUU43746 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0500643 Not Applicable Country Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEIDL ELROY H Street Address (P.O. Box Number is Not Acceptable) 922 SE 13 PL A CAPE CORAL FL 33990 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE ☐ Delete TITLE SEIDL, ELROY H NAME NAME 922 SE 13 PL-A STREET ADDRESS 2221 SW 44TH TERR STREET ADDRESS CAPE COTAL FL. 33990 CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE SEIDL, KELLY M NAME NAME 2221-SW-44TH-TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP ☐ Change Addition Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.