## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # P94000048982 Jan 19, 2000 8:00 am **Secretary of State** JA ELECTRICAL CONTRACTORS INCORPORATED 01-19-2000 90184 037 \*\*\*150.00 Principal Place of Business Mailing Address ROUTE B. BOX 2092 ROUTE B. BOX 2092 YOUNGSTOWN FL 32466 YOUNGSTOWN FL 32466 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Applied For City & State City & State 4. FEI Number 59-3251982 TOWN TOWK OUNG Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32466 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 4 ucus Tinu **AUGUSTINE, JAMES** Street Address (P.O. Box Number is Not Acceptable) **ROUTE B, BOX 2092** Box 2092 HIGHWAY 20 YOUNGSTOWN FL 32466 Zip Code 8. The above named entity/submits this statement for the purpose of changing its registered office SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. 11. **PVDT** Delete TITLE ☐ Addition TITLE ustine, JAMES NAME AUGUSTINE, JAMES BOX 2092 HWY20 STREET ADDRESS STREET ADDRESS RT B BOX 2092 HWY. 20 W N/A CITY-ST-ZIP CITY-ST-ZIP YOUNSTOWN FL □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.