2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073633

1. Entity Name

SERVICE SYSTEMS ELECTRIC OF CENTRAL FLORIDA, INC

	Principal Place of Business							
310 W. CENTRAL PARKWAY SUITE 7300 ALTAMONTE SPRINGS FL 32714 US								
,								

Mailing Address

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90122 021 ***158.75

US	PRINGS FL 32714	P O BOX 915141 LONGWOOD FL 32791-5141 US					-			
2. Principal Pla	ace of Business	3. Mailing Address								
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN T	THIS SP	ACE		
City & State	3	City & State			4. F	4. FEI Number 59-3288420			Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. (Certificate of Status Desired		8.75 Adre Require	ditional	
	6. Name and Address of Current R	egistered Agent	1		7. 1	Name and Address of New Registe	ered Ag	ent		
				Name						
DEMORSE, J. D. 310 W CENTRAL PKWY SUITE 7300					Street Address (P.O. Box Number is Not Acceptable)					
	MONTE SPRINGS FL 32714			City			FL	Zip Coc	le	
O. The chave	named entity submits this statement for	the purpose of changing its	ropiotor	ad office or regist	orod an					
SIGNATURE	Signature, typed or printed name of registered agent an			d Agent signature requi)ATE			
,	ration is eligible to satisfy its Intangible equirement and elects to do so. (a on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			tate	10. Election Campaign Financing Trust Fund Contribution.		Ádde	O May Be d to Fees	
11.	OFFICERS AND D	RECTORS	12.		ΑC	DDITIONS/CHANGES TO OFFICERS	AND E	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTRA DEMORSE, J D 310 W CENTRAL PKWY, SUITE 7 ALTAMONTE SPRINGS FL	□ Delete					[Change	☐ Addition)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YALVANOVI C. IMICO VI	☐ Delete						_ Change	Addition	
TITLE NAME STREET ADDRESS-		☐ Delete		E ET-ADDRESS				Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLI NAM STRE	1			1	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAM STRE	<u> </u>			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with t	☐ Delete	TITLE NAM STRE CITY	E EET ADDRESS - ST-ZIP		440 07(0V) Fly 1 0		Change	Addition	

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.