

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033060

1. Entity Name

INTRASTATE ELECTRIC INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90169 006 ***158.75

Principal Place of Business 105 LYNNHURST DRIVE ORMOND BEACH FL 32176 US	Mailing Address 105 LYNNHURST DRIVE ORMOND BEACH FL 32176-3710 US
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2. Principal Place of Business 331-A 14 ST Suite, Apt. #, etc.	3. Mailing Address 331-A 14 ST Suite, Apt. #, etc.
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City & State Holly Hill FL	City & State Holly Hill FL
Zip 32117	Zip 32117
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3310887	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, MICHAEL D 105 LYNNHURST DRIVE ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 331-A 14 ST City Holly Hill FL Zip Code 32117

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 *Michael D Davis* DATE 4/4/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	DP DAVIS, MICHAEL D 105 LYNNHURST DRIVE ORMOND BEACH FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael D Davis* DATE 4/4/00 DAYTIME PHONE # 904-615-8848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)