

2001 UNIFORM BUSINESS REPORT (UBR)

4/11

FILED
May 18, 2001 8:00 am
Secretary of State

04-18-2001 90040 035 ***150.00

DOCUMENT # **P95000058489**

1. Entity Name

**ELECTRICAL ESTIMATORS
 OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

4318 Carambola Cir. N.

3. Mailing Address

4318 Carambola Cir. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

4. FEI Number

65-0605094

Applied For

Not Applicable

Zip

33066

Country

Zip

33066

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**S.T. Solitt
 4318 Carambola Circle North
 Coconut Creek, FL 33066**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

S.T. Solitt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

4/9/01

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, 2001 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 **President** ☐ Delete
 NAME **S.T. Solitt**
 STREET ADDRESS **4318 Carambola Circle N**
 CITY-STATE-ZIP **COCONUT CREEK, FL 33066**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
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 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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.

SIGNATURE:

S.T. Solitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/01

CR2E034 (11/00)