

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007054

1. Entity Name

SHARP ELECTRIC, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90138 011 ***150.00

Principal Place of Business

4189 JAMES DR UNIT C
 PORT CHARLOTTE FL 33980
 US

Mailing Address

P.O. BOX 381313
 MURDOCK FL 33938-1313
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0720308**

Applied For

Not Applicable

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

LEWIS, PAT
 21036 RIDDLE AVE
 PORT CHARLOTTE FL 33454

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-00

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	DPTC	<input type="checkbox"/> Delete
NAME	LEWIS, PAT	
STREET ADDRESS	21036 RIDDLE AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, BRENDA S	
STREET ADDRESS	411 COLONY CT.	
CITY-ST-ZIP	SHOREWOOD IL 60417	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, WAYNE	
STREET ADDRESS	18176 WATERBURY DT	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TARDIBUONO, KATHLEEN	
STREET ADDRESS	21036 RIDDLE AVE	
CITY-ST-ZIP	PORT CHALOTTE FL 83954	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 941-629-3006

CR2E034 (9/99)