

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013925

1. Entity Name

ELECTRO-MECHANICAL CONCEPTS, INC.

Principal Place of Business

6210 N LOCKWOOD RIDGE ROAD
SUITE #346
SARASOTA FL 34235
US

Mailing Address

P O BOX 7776
SARASOTA FL 34278-7776
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0648060

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

GAY, JORDAN
4822 SEVILLE DR.
SARASOTA FL 34235

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

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 ~~D~~ ☒ Delete
NAME ~~ALBRECHT, HORST~~
STREET ADDRESS ~~4822 SEVILLE DR.~~
CITY-ST-ZIP ~~SARASOTA FL~~

TITLE TM ☐ Delete
NAME GAY, JORDAN
STREET ADDRESS 4822 SEVILLE DR.
CITY-ST-ZIP SARASOTA FL

TITLE ~~_____~~ ☐ Delete
NAME ~~_____~~
STREET ADDRESS ~~_____~~
CITY-ST-ZIP ~~_____~~

TITLE ~~_____~~ ☐ Delete
NAME ~~_____~~
STREET ADDRESS ~~_____~~
CITY-ST-ZIP ~~_____~~

TITLE ~~_____~~ ☐ Delete
NAME ~~_____~~
STREET ADDRESS ~~_____~~
CITY-ST-ZIP ~~_____~~

TITLE ~~_____~~ ☐ Delete
NAME ~~_____~~
STREET ADDRESS ~~_____~~
CITY-ST-ZIP ~~_____~~

TITLE ~~_____~~ ☐ Change ☐ Addition
NAME ~~_____~~
STREET ADDRESS ~~_____~~
CITY-ST-ZIP ~~_____~~

TITLE M/T/P ☒ Change ☐ Addition
NAME GAY, JORDAN L.
STREET ADDRESS 4822 SEVILLE DR.
CITY-ST-ZIP SARASOTA, FL 34235

TITLE S ☐ Change ☒ Addition
NAME GEORGE STILGEN BAUER
STREET ADDRESS 4810 SEVILLE DR
CITY-ST-ZIP SARASOTA, FL 34235

TITLE M V ☐ Change ☒ Addition
NAME HILSE M. MAUGER
(IN TRANSITION - MOVING)

TITLE ~~_____~~ ☐ Change ☐ Addition
NAME ~~_____~~
STREET ADDRESS ~~_____~~
CITY-ST-ZIP ~~_____~~

TITLE ~~_____~~ ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORDAN L. GAY

000501

941.355.7122

Date

Daytime Phone #

CR2E034 (9/99)