

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000013925**1. Entity Name  
**ELECTRO-MECHANICAL CONCEPTS, INC.**

Principal Place of Business	Mailing Address
6210 N LOCKWOOD RIDGE ROAD	P O BOX 7776
SUITE #346	
SARASOTA FL	SARASOTA FL
34235 US	34243 US

2. Principal Place of Business	3. Mailing Address
4822 SEVILLE DR.	4822 SEVILLE DR.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
SARASOTA FL	SARASOTA FL

Zip	Country	Zip	Country
34235	US	34235	US

4. FEI Number	Applied For
<b>65-0648060</b>	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**GAY JORDAN**  
4822 SEVILLE DR.  
  
SARASOTA FL  
34235

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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 **JORDAN L. GAY**

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

(NOTE: Registered Agent signature required when reinstating)

**05/01/2001**

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, 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**

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"/> Delete
NAME	<b>TM JORDAN</b>
STREET ADDRESS	<b>4822 SEVILLE DR.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D ALBRECHT HORST</b>
STREET ADDRESS	<b>4822 SEVILLE DR.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T STILGENBAUER GEORGE TREAS.</b>
STREET ADDRESS	<b>4810 SEVILLE DR.</b>
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V MAUGER MIESSE MVP</b>
STREET ADDRESS	<b>87 HOBART ST.</b>
CITY-ST-ZIP	<b>FAYSTON VT 05673</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PCM GAY JORDAN LCEO</b>
STREET ADDRESS	<b>4822 SEVILLE DR.</b>
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: **Jordan Gay**

PMC

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)