

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029620

1. Entity Name

SPIKE ELECTRIC, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90039 028 ***158.75

Principal Place of Business

Mailing Address

3389 SHERIDAN STREET
SUITE 128
HOLLYWOOD FL 33021

3389 SHERIDAN STREET
SUITE 128
HOLLYWOOD FL 33021-3606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0657516

Applied For

Not Applicable

Zip

Country

Zip

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

HAMILTON, JOEL P
3389 SHERIDAN STREET
SUITE 128
HOLLYWOOD FL 33021

Name **ORALD STEWART**

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

2290 S.W. 8th St.

City

Miami

FL

Zip Code

33135

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

Orald Stewart

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 28, 2000

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

TITLE **D** ☒ Delete
NAME **HAMILTON, JOEL P**
STREET ADDRESS **3389 SHERIDAN STREET, SUITE 128**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☒ Change ☐ Addition
NAME **HAMILTON, JOEL P.**
STREET ADDRESS **3389 Sheridan Street, Suite 128**
CITY-ST-ZIP **Hollywood FL 33021**

TITLE **President** ☐ Change ☒ Addition
NAME **ORALD STEWART**
STREET ADDRESS **2290 S.W. 8th St.**
CITY-ST-ZIP **Miami, FL 33135**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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

Orald Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 28, 2000

Daytime Phone #