

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90017 022 \*\*\*150.00

**DOCUMENT # P96000035848**

1. Entity Name

**GLENN L. HARDING ELECTRICAL CONTRACTOR, INC.**

Principal Place of Business

Mailing Address

**2546 ISLANDER COURT  
 PALM HARBOR FL 34683**

**2546 ISLANDER COURT  
 PALM HARBOR FL 34683-2612**

2. Principal Place of Business

**5432 KIMBERLY LN**  
 Suite, Apt. #, etc.

3. Mailing Address

**5432 KIMBERLY LN.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**HOLIDAY FL**

City & State

**HOLIDAY FL**

4. FEI Number

**59-3376526**

Applied For

Not Applicable

Zip

**34690**

Country

**PASCO**

Zip

**34690**

Country

**PASCO**

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HARDING, GLENN L  
 2546 ISLANDER COURT  
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name **HARDING GLENN L.**

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

**5432 KIMBERLY LN.**

City **HOLIDAY**

**FL**

Zip Code **34690**

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 *Glenn L. Harding*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-6-00  
 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

TITLE  Delete  
 NAME **D HARDING, GLENN L**  
 STREET ADDRESS **2546 ISLANDER COURT**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
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TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **5432 KIMBERLY LN.**  
 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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 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: *Glenn L. Harding*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00  
 Date

Date

Daytime Phone #

CR2E034 (9/99)