

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036816

1. Entity Name

T & M ELECTRIC OF PANAMA CITY INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90301 004 ***150.00

Principal Place of Business

Mailing Address

3003 STATE AVE
 PANAMA CITY FL 32405
 US

3003 STATE AVE
 PANAMA CITY FL 32405-4329
 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

59-3374927

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

GOLDEN, LINDA P
 3003 STATE AVE.
 PANAMA CITY FL 32405

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 PD ☐ Delete
 NAME GOLDEN, LINDA P
 STREET ADDRESS 3003 STATE AVE
 CITY-ST-ZIP PANAMA CITY FL

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

TITLE VTD ☐ Delete
 NAME GOLDEN, RONNIE P
 STREET ADDRESS 3003 STATE AVE
 CITY-ST-ZIP PANAMA CITY FL

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

TITLE D ☐ Delete
 NAME MERTENS, THOMAS A
 STREET ADDRESS 168 S. SEMORAN BLVD.
 CITY-ST-ZIP ORLANDO FL 32807

TITLE ☐ Change ☒ Addition
 NAME VD
 STREET ADDRESS Mertens, Thomas A.
 CITY-ST-ZIP 168 S. Semoran Blvd.
 ORLANDO, FL 32807

TITLE S ☐ Delete
 NAME HOWELL, ANN
 STREET ADDRESS 8514 FREEZE RD
 CITY-ST-ZIP PANAMA CITY FL 32404

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Ronnie Golden
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President/Director
 Date

Daytime Phone #

CR2E034 (9/99)