

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067046

1. Entity Name

ELECTRICAL DESIGN CONSULTING & CONTRACTING, INC.

FILED

Feb 21, 2000 8:00 am  
Secretary of State

02-21-2000 90031 050 \*\*\*150.00

Principal Place of Business

Mailing Address

3936 S SEMORAN BLVD  
ORLANDO FL 32822  
US

3936 S SEMORAN BLVD  
STE 1304  
ORLANDO FL 32822-4015  
US

714951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3936 S. Semoran Blvd

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1304

City & State

City & State

Orlando FL

City & State

Zip

Country

Zip

Country

32822

US

Zip

Country

4. FEI Number

59-3395335

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

ELEC. DESIGN CONSULTING & CONTRACTING  
1995 BENTWOOD DRIVE  
WINTER PARK FL 32792

Name

Paul R. Canney

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

1995 Bentwood Dr

City

Winter Park

FL

Zip Code

32792

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          | PSTD                  | <input type="checkbox"/> Delete |
| NAME           | CANNEY, PAUL R        |                                 |
| STREET ADDRESS | 1995 BENTWOOD DRIVE   |                                 |
| CITY-ST-ZIP    | WINTER PARK FL 32792  |                                 |
| TITLE          | VSTD                  | <input type="checkbox"/> Delete |
| NAME           | HALL, JEFF            |                                 |
| STREET ADDRESS | 5612 TANGERINE AVENUE |                                 |
| CITY-ST-ZIP    | WINTER PARK FL        |                                 |
| 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           |                       |                                 |
| 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    |  |   |
| 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)