

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085849

1. Entity Name

POWER CONSTRUCTION MAINTENANCE OF FLORIDA, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90182 039 ***150.00

A0006862



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P O BOX 1460
1625 MOCKINGBIRD RD
ARCAIDA FL 34265
US

P O BOX 719
ALTAVISTA VA 24517-0719
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2319896

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

C T CORPORATION SYSTEMS
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	P	<input type="checkbox"/> Delete
NAME	BURCH, JANE C	
STREET ADDRESS	107 OGDEN RD	
CITY-ST-ZIP	ALTATISTA VA 24517	
TITLE	S	<input type="checkbox"/> Delete
NAME	SUTTON, SUSAN A	
STREET ADDRESS	107 OGDEN RD	
CITY-ST-ZIP	ALTAVISTA VA 24517	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRICE, FRANCES A	
STREET ADDRESS	107 OGDEN RD	
CITY-ST-ZIP	ALTAVISTA FL 24517	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONLEY, DONALD R	
STREET ADDRESS	2622 FAIRMONT AVE	
CITY-ST-ZIP	FAIRMONT WV	
TITLE	D	<input type="checkbox"/> Delete
NAME	FULTON, WILLIAM	
STREET ADDRESS	6861 APPLEBY DR	
CITY-ST-ZIP	NAPLES FL	
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
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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: Susan Sutton, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/00 804-309-1046

Daytime Phone #

CR2E034 (9/99)