

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087293

1. Entity Name

SALAZAR ELECTRIC, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90170 007 ***158.75

Principal Place of Business
852-1 WARNER RD
GREEN COVE SPRINGS FL 32043
US

Mailing Address
852-1 WARNER RD
GREEN COVE SPRINGS FL 32043-4622
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3430587** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SALAZAR, PAUL C
506 SOUTH HIGHLAND AVENUE
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name **SALAZAR, PAUL C**
Street Address (P.O. Box Number is Not Acceptable)
852-1 WARNER ROAD
City **GREEN COVE SPRINGS** FL Zip Code **32043**

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 PAUL C. SALAZAR *Paul C. Salazar* 2-8-2000
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

TITLE	D	<input type="checkbox"/> Delete
NAME	SALAZAR, PAUL C	
STREET ADDRESS	852-1 WARNER ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALAZAR, BOBBIE C	
STREET ADDRESS	852-1 WARNER ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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: *Paul C. Salazar* PAUL C. SALAZAR 2-8-2000 (904) 284-5936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #