

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093669

1. Entity Name
C & L BILL ELECTRIC, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90044 016 ***150.00

Principal Place of Business Mailing Address
P.O. BOX 811 P.O. BOX 811
LEHIGH ACRES FL 33970 LEHIGH ACRES FL 33970-0811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0713575** 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

BILL, LAWRENCE
2904 E 6TH ST
LEHIGH ACRES FL 33970

Name: Robert L. Bowers
Street Address (P.O. Box Number is Not Acceptable)
23 COLORADO ROAD
City LEHIGH ACRES FL Zip Code 33936

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 Robert Bowers (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

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <input type="checkbox"/> Delete NAME BILL, LAWRENCE STREET ADDRESS P O BOX 811 N/A CITY-ST-ZIP LEHIGH ACRES FL 33970	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME VP Robert L. Bowers STREET ADDRESS 23 Colorado Rd. CITY-ST-ZIP Lehigh Acres, Fla 33936
TITLE <input checked="" type="checkbox"/> Delete NAME GRUBER, CHRISTINE STREET ADDRESS P.O. BOX 811 CITY-ST-ZIP LEHIGH ACRES FL 33970	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: Bill Lawrence J. Bill 4-24-00 941-3692036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)