

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90110 043 \*\*\*150.00

DOCUMENT # **P97000003625**

1. Entity Name  
**SOVEREIGN ELECTRICAL CONSTRUCTION, INC.**

Principal Place of Business <del>6167 WESTGATE DRIVE</del> <del>APT. 605</del> <del>ORLANDO FL 32835</del>	Mailing Address <del>6167 WESTGATE DRIVE</del> <del>APT. 605</del> <del>ORLANDO FL 32835</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>235 SILK BAY PLACE</b> Suite, Apt. #, etc.	3. Mailing Address <b>235 SILK BAY PLACE</b> Suite, Apt. #, etc.
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City & State <b>LONGWOOD, FLORIDA</b>	City & State <b>LONGWOOD, FLORIDA</b>	4. FEI Number <b>59-3436524</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32750</b>	Country <b>SEMINOLE</b>	Zip <b>32750</b>	Country <b>SEMINOLE</b>

6. Name and Address of Current Registered Agent <b>THOMAS, MARC</b> <del>6167 WESTGATE DRIVE #605</del> <del>ORLANDO FL 32835</del>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>235 SILK BAY PLACE</b> City <b>LONGWOOD, FL</b> Zip Code <b>32750</b>
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OP</b> <b>THOMAS, MARC</b> <del>6167 WESTGATE DR. #605</del> <del>ORLANDO FL 32835</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>235 SILK BAY PLACE</b> <b>LONGWOOD, FLORIDA</b> <b>32750</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **THOMAS** **01-15-02** **407-328-6421**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)