

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000006439**

1. Entity Name

COMMERCIAL ELECTRIC OF LAKE CO., INC.

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91780 032 ***550.00

Principal Place of Business

**2770 RICHEY ROAD
LEESBURG FL**

Mailing Address

**P.O. BOX 490137
LEESBURG FL 34749-0137**

2. Principal Place of Business

3. Mailing Address

P.O. Box 494113

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Leesburg, FL

Zip

Country

Zip

Country

34749

USA

4. FEI Number

59-3421052

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

**HUEY, LESTER W JR
2770 RICHEY ROAD
LEESBURG FL**

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. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PST	<input type="checkbox"/> Delete
NAME	HUEY, LESTER W JR	
STREET ADDRESS	P.O. BOX 490137	
CITY-ST-ZIP	LEESBURG FL 34749-0137	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOUTWELL, CHARLES J	
STREET ADDRESS	2050 MYRTLE LAKE AVE	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)