

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90935 050 ***158.75

DOCUMENT # P97000009537

1. Entity Name

TOM TORBERT ELECTRIC, INC.

Principal Place of Business

221 E CENTRAL AVE
 LAKE WALES FL 33859
 US

Mailing Address

P O BOX 1168
 LAKE WALES FL 33859-1168
 US

2. Principal Place of Business

3. Mailing Address

221 EAST Central AVE

P.O. Box 1168

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Wales, FL

City & State

Lake Wales, FL

4. FEI Number

59-3423054

Applied For

Not Applicable

Zip

Country/County
 USA Polk

Zip

33759-1168

Country/County
 Polk USA

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

JAMES A MILLER
 221 E CENTRAL AVE
 LAKE WALES FL 33859

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

President/owner

4-26-00

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	DP	<input type="checkbox"/> Delete
NAME	MILLER, JAMES A	
STREET ADDRESS	221 E CENTRAL AVE	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARLA MILLER	
STREET ADDRESS	307 6TH ST	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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

James A. Miller President/owner 4-26-00

Date

Daytime Phone #

CR2E034 (9/99)

863-679-1175