

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014004

1. Entity Name

CARLEVALE ELECTRICAL CONTRACTORS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90191 035 ***150.00

Principal Place of Business

Mailing Address

1920 E. 136TH AVE.
TAMPA FL 33613-4328

P O BOX 261533
TAMPA FL 33685-1533
US

2. Principal Place of Business

5425 THERESA RD

3. Mailing Address

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33615

Country

HILLSBORO

Zip

Country

4. FEI Number

59-3425553

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

CARLEVALE, KATHY
7111 SHENADOAH COURT
TAMPA FL 33615

Name

KATHY CARLEVALE

Street Address (P.O. Box Number is Not Acceptable)

7111 SHENANDOAH CT.

City

TAMPA

FL

Zip Code

33615

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 KATHY CARLEVALE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/00

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

TITLE DPST ☐ Delete
NAME CARLEVALE, KATHY
STREET ADDRESS 1920 E. 136TH AVE.
CITY-ST-ZIP TAMPA FL 33613-4328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRES/SEC/TREAS. ☒ Change ☐ Addition
NAME KATHY CARLEVALE
STREET ADDRESS 5425 THERESA RD SUITE A
CITY-ST-ZIP TAMPA, FL 33615

TITLE PRESIDENT (NO OWNERSHIP) ☐ Change ☒ Addition
NAME ROY CARLEVALE
STREET ADDRESS 5425 THERESA RD. SUITE A
CITY-ST-ZIP TAMPA, FL 33615

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

KATHY CARLEVALE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. PRES.

Date

4/12/00

Daytime Phone #

884-3582

CR2E034 (9/99)