

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034036

1. Entity Name  
JENED ELECTRICAL CONTRACTING INC.

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**  
02-09-2000 90379 037 \*\*\*150.00

Principal Place of Business  
5708 MUIRFIELD VILLAGE CIRCLE  
LAKE WORTH FL 33463

Mailing Address  
5708 MUIRFIELD VILLAGE CIRCLE  
LAKE WORTH FL 33463-6578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 11-2970508

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

STARKE, EDWARD  
4281 W MCNAB RD #25  
POMPANO BEACH FL 33069

Name ~~STARKE - EDWARD~~  
Street Address (P.O. Box Number is Not Acceptable)  
5708 MUIRFIELD VILLAGE CIRCLE  
City LAKE WORTH FL Zip Code 33463

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

Edward Starke

2-2-00

(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

TITLE	PV	<input type="checkbox"/> Delete
NAME	ALGER, JEANETTE	
STREET ADDRESS	4281 W MCNAB RD #25	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STARKE, EDWARD	
STREET ADDRESS	4281 W MCNAB RD #25	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5708 MUIRFIELD VILLAGE CIRCLE	
STREET ADDRESS	LAKE WORTH, FL 33463	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5708 MUIRFIELD VILLAGE CIRCLE	
STREET ADDRESS	LAKE WORTH, FL 33463	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Edward Starke REQUIRED EDWARD STARKE 2-2-00 5614325018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)