

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90064 001 ***150.00

0423074 AV

DOCUMENT # P97000034036

1. Entity Name
JENED ELECTRICAL CONTRACTING INC.



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

Mailing Address
**5708 MUIRFIELD VILLAGE CIRCLE
LAKE WORTH FL 33463**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **11-2970508**

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

**STARKE, EDWARD
5708 MUIRFIELD VILLAGE CIR
LAKE WORTH FL 33463**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Edward Starke

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PV** ☒ Delete
NAME **ALGER, JEANETTE**
STREET ADDRESS **5708 MUIRFELD VILLAGE CIR**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☒ Change ☐ Addition
NAME **assumed Secretary STARKE/ALGER, JEANETTE**
STREET ADDRESS **5708 MUIRFIELD VILLAGE CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **ST** ☐ Delete
NAME **STARKE, EDWARD**
STREET ADDRESS **5708 MUIRFIELD VILLAGE CIR**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Change ☐ Addition
NAME **President-Treasurer STARKE, EDWARD**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Delete
NAME **CLAIRE WENZEL**
STREET ADDRESS **6384 BRIDGE PORTLAND**
CITY-ST-ZIP **LAKE WORTH FL 33463**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Edward Starke **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-03

CR2E034 (10/02)