

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90117 022 ***150.00

DOCUMENT # P97000057407

1. Entity Name
CENTRAL FLORIDA WIRING SERVICES, INC.



Principal Place of Business
1194 CR 621 EAST
LAKE PLACID FL 33862

Mailing Address
P.O. BOX 1655
LAKE PLACID FL 33862

2. Principal Place of Business
64 Miami Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Placid FL

City & State

4. FEI Number **65-0762726**

Applied For
Not Applicable

Zip
33852

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JACKSON, ANDREW B
150 N. COMMERCE
SEBRING FL 33871

7. Name and Address of New Registered Agent

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ **Delete**
NAME **DORMAN, CHARLES A**
STREET ADDRESS **64 MIAMI DR**
CITY-ST-ZIP **LAKE PLACID FL 33852**

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

TITLE **VS** ☐ **Delete**
NAME **DORMAN, CHARLES A**
STREET ADDRESS **64 MIAMI DRIVE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2003

Date

800 764 7870

Daytime Phone #

CR2E034 (10/02)