

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 9970000 66938

A&A Electric of Tallahassee, Inc.

Principal Place of Business
2571 Executive Center Circle East
Suite B-29
Tallahassee, FL 32301

Mailing Address
P.O. Box 6008
Tallahassee, FL 32314-6008

FILED

00 APR 10 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3468500</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <u>Wood, Victor A.</u> <u>4115 Tara Drive</u> <u>Tallahassee, FL 32303</u>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code
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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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>P.V.D.</u> <input type="checkbox"/> Delete NAME <u>Wood, Victor A.</u> STREET ADDRESS <u>4115 TARA DRIVE</u> CITY-ST-ZIP <u>Tallahassee FL 32303</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <u>P.V.D.</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <u>D</u> <input type="checkbox"/> Delete NAME <u>Wood, Lowell A.</u> STREET ADDRESS <u>1267 Bell Road</u> CITY-ST-ZIP <u>Havana FL 32333</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <u>S.D.</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <u>D</u> <input type="checkbox"/> Delete NAME <u>Wood, Geraldine</u> STREET ADDRESS <u>5305 Fairbanks Ferry Rd.</u> CITY-ST-ZIP <u>Havana, FL 32333</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <u>T.D.</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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: Victor A. Wood Victor A. Wood 04/10/00 (850) 656-9753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)