

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90056 018 ***150.00

DOCUMENT # P97000102502

1. Entity Name

SIKES ELECTRIC CO.

Principal Place of Business

**7701 TIMBERLIN RACK BLVD
 1418
 JACKSONVILLE FL 32256
 US**

Mailing Address

**7701 TIMBERLIN RACK BLVD
 1418
 JACKSONVILLE FL 32256
 US**

2. Principal Place of Business

7701 TIMBERLIN PARK

Suite, Apt. #, etc.

1233

City & State

JAX , 71

Zip

32256

Country

USA

3. Mailing Address

7701 TIMBERLIN PARK

Suite, Apt. #, etc.

1233

City & State

JAX , 71

Zip

32256

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3481775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SIKES, WILLIAM T

7701 TIMBERLIN PARK BLVD

1418

JACKSONVILLE FL 32256

Name

WILLIAM T. SIKES

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

City

JAX

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.

SIGNATURE

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

WILLIAM T. SIKES PRESIDENT
 (NOTE: Registered Agent signature required when reinstating)

DATE

4-22-02

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, 2002 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 ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **SIKES, WILLIAM T**
 CITY-ST-ZIP **7701 TIMBERLIN PARK BLVD # 1233
 JACKSONVILLE FL 32256**

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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **# 1233**

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

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:

William T. Sikes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-02

CR2E034 (9/01)