

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **97000102619**

1. Entity Name

T+C Electric Inc

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -3 AM 9:55

Principal Place of Business

**826 East Port Rd
Jax FL 32218**

Mailing Address

**P.O. Box 15020
Jax FL 32239**

2. Principal Place of Business

**826 East Port Rd
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. 15020
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

Jax FL

City & State

Jax FL

4. FEI Number

59-3481823

Applied For

Not Applicable

Zip

32218

Country

Duval

Zip

32239

Country

Duval

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**Marvin E Carter
5603 Maxine Dr
Jax FL 32277**

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.

SIGNATURE

Marvin E Carter Pres.

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

(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, 2001 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 **Pres** ☐ Delete
NAME **Marvin E Carter**
STREET ADDRESS **5603 Maxine Dr**
CITY-ST-ZIP **Jax FL 32277**

TITLE **Vice Pres** ☐ Delete
NAME **Ronald Taylor**
STREET ADDRESS **14706 Campus Dr**
CITY-ST-ZIP **Jax FL 32226**

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 **300004480773-0**
STREET ADDRESS **-07/17/01--01003--029**
CITY-ST-ZIP ******308.75 ****308.75**

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

TITLE ☐ Change ☐ Addition
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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:

Marvin E Carter Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-01

Date

904-568-7263

Daytime Phone #

CR2E034 (11/00)