

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003244

1. Entity Name

SURGE ELECTRIC, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90133 042 ***150.00

Principal Place of Business

1803 NE 28TH ST
CAPE CORAL FL 33909

Mailing Address

1803 NE 28TH ST
CAPE CORAL FL 33990-4602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2118 SE 10th Pl

Cape Coral, FL

33990-4602

LCC

6. Name and Address of Current Registered Agent

JOHNSON, MICHAEL T
1803 NE 28TH ST
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name

Michael T Johnson

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

2118 SE 10th Pl

City

Cape Coral,

FL

Zip Code

33990-4602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-2000

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, MICHAEL T	
STREET ADDRESS	1803 NE 28TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KAPKE, WILLIAM G	
STREET ADDRESS	1310 SE 21ST ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2118 SE 10th Pl	
CITY-ST-ZIP	Cape Coral, FL 33990-4602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2000

Date

941-772-1554

Daytime Phone #

CR2E034 (9/99)