2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000020732** Feb 11, 2000 8:00 am **Secretary of State** ALTECH ELECTRIC OF CENTRAL FLORIDA, INC. 02-11-2000 90015 002 ***150.00 Principal Place of Business Mailing Address 11837 SIR WINSTON WAY 1035 LANCASTER RD., #14 ORLANDO FL 32809-5886 ORLANDO FL 32824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 040 Applied For City & State City & State 4. FEI Number 59-3498137 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEIER, ROBERT P 5695 OAK HILL MANOR DRIVE ORLANDO FL 32839 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete TITLE TITLE MEIER, ROBERT P NAME NAME 11837 SIR WIN STREET ADDRESS 5695 OAK HILL MANOR DR STREET ADDRESS 32824 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32839 Thange ☐ Addition ☐ Delete TITLE LECLAIR, VICKIE M LECLAIK, VICKIE M NAME 11837 SIE WINSTON WAY STREET ADDRESS 5695 OAK HILL MANOR DR STREET ADDRESS CITY-ST-ZIP ortin FC - 33824 CITY-ST-ZIP ORLANDO FL 32839 ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: USCHIE LECLAR 1127100 407(925-1282)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

changed, or on an attachment with an address, with all other like empowered.

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