

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020732

1. Entity Name  
ALTECH ELECTRIC OF CENTRAL FLORIDA, INC.

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90334 029 \*\*\*150.00

Principal Place of Business

1035 LANCASTERL RD #14  
11837 SIR WINSTON WAY  
ORLANDO FL 32824

Mailing Address

1035 LANCASTERL RD #14  
11837 SIR WINSTON WAY  
ORLANDO FL 32824

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3498137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEIER, ROBERT P  
11837 SIR WINSTON WAY  
ORLANDO FL 32824

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MEIER, ROBERT P  
STREET ADDRESS 11837 SIR WINSTON WAY  
CITY-ST-ZIP ORLANDO FL 32824 ☐ Delete

TITLE S  
NAME LECLAIR, VICKIE M  
STREET ADDRESS 11837 SIR WINSTON WAY  
CITY-ST-ZIP ORLANDO FL 32824 ☐ Delete

TITLE VP  
NAME BAILEY, PHILIP Philip  
STREET ADDRESS 1316 GOLF POINT LOOP  
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE AS  
NAME Deborah Bailey  
STREET ADDRESS 1316 GOLF POINT LOOP  
CITY-ST-ZIP APOPKA, FL 32712 ☐ Change ☒ Addition

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

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

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

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

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

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: Vickie LeClair VICKIE LECLAIR 2/13/01 407 857-7879  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)