

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90232 006 ***158.75

C0029895



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000029924

1. Entity Name
JENKS ELECTRIC, INC.

Principal Place of Business 5800 LEON TYSON ROAD ST. CLOUD FL 34771	Mailing Address 5800 LEON TYSON ROAD ST. CLOUD FL 34771-9270
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2. Principal Place of Business 1136 New York Ave Suite, Apt. #, etc.	3. Mailing Address 1136 New York Ave Suite, Apt. #, etc.
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City & State St. Cloud FL	City & State St. Cloud FL
Zip 34769	Country Osceola

4. FEI Number 59-3497284	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**JENKS, PAUL R
 5800 LEON TYSON ROAD
 ST. CLOUD FL 34741**

7. Name and Address of New Registered Agent
 Name **Paul R. Jenks**
 Street Address (P.O. Box Number is Not Acceptable)
1202 Maryland Ave.
 City **St. Cloud FL** Zip Code **34769**

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 *Paul R. Jenks* **Paul R. Jenks Director** **2/23/00**
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D JENKS, PAUL R 1202 Maryland Ave ST. CLOUD FL 34771 St. Cloud, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASEY, STEVEN 5801 LEON TYSON RD ST. CLOUD FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David J. Ochs Jr. 2112 11th St. St. Cloud, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Erin A. Ochs 2112 11th St. St. Cloud, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Paul R. Jenks* **Paul R. Jenks Director** **2/23/00** **407-908-4774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)