

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000031532

1. Entity Name

JOE RITCHIE Electric, Inc.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90180 037 ***150.00

Principal Place of Business

Mailing Address

292 Holland St.
 Crestview FL 32536

292 Holland St.
 Crestview FL
 32536

2. Principal Place of Business

3. Mailing Address

150 James Lee Blvd W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 17

City & State

City & State

Crestview FL

Zip
 32536

Country
 USA

Zip

Country

4. FEI Number

59-3509899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent.

Joseph A. Ritchie Jr.
 292 Holland St.
 Crestview FL 32536

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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"/> Change <input type="checkbox"/> Addition
NAME	Ritchie Joseph A. Jr.
STREET ADDRESS	292 Holland St.
CITY-ST-ZIP	Crestview FL 32536
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ritchie, Sherry L
STREET ADDRESS	292 Holland St
CITY-ST-ZIP	Crestview FL 32536
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ritchie, Joseph A. III
STREET ADDRESS	5523 Bracewell St.
CITY-ST-ZIP	Crestview FL 32536
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	

CR2E034 (9/99)

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

Sherry Ritchie Sherry Ritchie

Date

4/30

Daytime Phone #

850-682-1595