

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038651

1. Entity Name

FLORIDA INDUSTRIAL ELECTRIC, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90271 035 ***150.00

Principal Place of Business 811 WILMA ST LONGWOOD FL 32750	Mailing Address P O BOX 522730 LONGWOOD FL 32750
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3508913		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, ERROL 20 WINDSOR ISLE LONGWOOD FL 32779	7. Name and Address of New Registered Agent Name CONRAD D. EIGENMANN Street Address (P.O. Box Number is Not Acceptable) 811 Wilma Street City Longwood FL Zip Code 32750
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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 *Conrad D. Eigenmann* DATE 1-19-01

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOMBWELL, JOHN F 515 POST OAK BLVD. HOUSTON TX 77027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, ERROL 811 WILMA ST LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO EIGENMANN, CONRAD D 811 WILMA ST LONGWOOD FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROTHWELL, RONALD 811 WILMA ST LONGWOOD FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRESTON, TARA 811 WILMA ST LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAWRENCE J La Belle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 811 WILMA ST LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUDSON, VIVECA 811 WILMA ST LONGWOOD FL 32750 <input type="checkbox"/> Delete	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: *Lawrence J La Belle* **LAWRENCE J La Belle** 1/19/01 (407) 331-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)