

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91649 029 ***150.00

DOCUMENT # P98000043579

1. Entity Name
D & T ELECTRIC, INC.

Principal Place of Business

RT 4 BOX 7070
FT. WHITE FL 32038

Mailing Address

RT 4 BOX 7070
FT. WHITE FL 32038



2. Principal Place of Business

260 S.W. AMELIA CT
Suite, Apt. #, etc.
FL White

City & State
FL

Zip
32038

Country
Columbia

3. Mailing Address

260 S.W. AMELIA CT
Suite, Apt. #, etc.
FL White

City & State
FL

Zip
32038

Country
Columbia

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3517129

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAWSON, DELMOND
ROUTE 4 BOX 3369
FT. WHITE FL 32038

7. Name and Address of New Registered Agent

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, 2002 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
DPT LAWSON, ANTONETTE
ROUTE 4 BOX 3369
FT. WHITE FL 32038

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS LAWSON, ANTONETTE
ROUTE 4 BOX 3369
FT. WHITE FL 32038

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: Antonette Lawson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4-25-02
 Daytime Phone #: 386-755-4880

CR2E034 (9/01)