

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90124 026 \*\*\*150.00

**DOCUMENT # P98000043579**

1. Entity Name  
**D & T ELECTRIC, INC.**



Principal Place of Business  
**260 SW AMELIA CT.  
FT. WHITE FL 32038**

Mailing Address  
**260 SW AMELIA CT.  
FT. WHITE FL 32038**



2. Principal Place of Business  
**7437 SE 182nd Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**White Springs, FL**  
Zip  
**32096** Country  
**USA**

City & State

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  
**Kenneth E. Stone**  
Street Address (P.O. Box Number is Not Acceptable)  
**7437 SE 182nd Blvd**  
City  
**White Springs** FL Zip Code  
**32096**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kenneth Stone** **Kenneth Stone Vice President 2-24-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LAWSON Delmond  
260 S.W. AMELIA CT  
Ft White FL 32038** ☒ Change ☐ Addition  
**Asst Vice Pres.**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

**2-25-03**  
Date

Daytime Phone #

CR2E034 (10/02)