

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051656

1. Entity Name

QUINLAN ELECTRIC OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5302 COUNTY ROAD 579
SEFFNER FL 33584

5302 COUNTY ROAD 579
SEFFNER FL 33569-4753

2. Principal Place of Business

7807 Alafia Ridge Rd.
Suite, Apt. #, etc.

3. Mailing Address

7807 Alafia Ridge Rd.
Suite, Apt. #, etc.

City & State

Riverview, Florida

City & State

Riverview, Florida

Zip

Country

33569 USA

Zip

Country

33569 USA

6. Name and Address of Current Registered Agent

QUINLAN, CHARLES EDWARD
5302 COUNTY ROAD 579
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name: Quinlan, Charles Edward
Street Address (P.O. Box Number is Not Acceptable): 7807 Alafia Ridge Rd.
Riverview, FL 33569
City: Riverview, FL Zip Code: FL

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: Charles E. Quinlan President 1-20-00
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	P	<input checked="" type="checkbox"/> Delete
NAME	QUINLAN, CHARLES E	
STREET ADDRESS	5302 COUNTRY ROAD 579	
CITY-ST-ZIP	SEFFNER FL 33584	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quinlan, Charles E	
STREET ADDRESS	7807 Alafia Ridge Rd.	
CITY-ST-ZIP	Riverview, FL 33569	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Charles E. Quinlan President 1-20-00 813-671-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90011 033 ***150.00



DO NOT WRITE IN THIS SPACE