

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90011 033 ***150.00

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 3. Mailing Address
7807 Alafia Ridge Rd. **7807 Alafia Ridge Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State ~~Riverview, Florida~~ ~~Riverview, Florida~~ 4. FEI Number **59-3517807** Applied For
 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
QUINLAN, CHARLES EDWARD Name **Quinlan, Charles Edward**
5302 COUNTY ROAD 579 Street Address (P.O. Box Number is Not Acceptable) **7807 Alafia Ridge Rd.**
SEFFNER FL 33584 **Riverview, Fl 33569**
 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 **Charles E. Quinlan President** DATE **1-20-00**
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. **FILE NOW!!! FEE IS \$150.00** 10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00** **Make Check Payable to Department of State**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINLAN, CHARLES E 5302 COUNTRY ROAD 579 SEFFNER FL 33584 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Quinlan, Charles E 7807 Alafia Ridge Rd. Riverview, Fl 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Charles E. Quinlan President** DATE **1-20-00** DAYTIME PHONE # **813-671-1311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #