

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054564

1. Entity Name

P.W. ELECTRONICS, INC.

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90010 030 ***550.00

Principal Place of Business

2105 FIRESTONE CT.
OVIEDO FL 32765
US

Mailing Address

2105 FIRESTONE CT.
OVIEDO FL 32766-8813
US

2. Principal Place of Business

1720 SABOFF WAY
Suite, Apt. #, etc.

3. Mailing Address

1720 SABOFF WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CHULUOTA, FL

City & State

CHULUOTA, FL

4. FEI Number

59-3517742

Applied For

Not Applicable

Zip

Country

32766-8813 SEMINOLE

Zip

Country

32766-8813 SEMINOLE

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

WEISS, JOHN
2105 FIRESTONE CT.
OVIEDO FL 32765

Name

Street Address (P.O. Box Number is Not Acceptable)

1720 SABOFF WAY

City

CHULUOTA

FL

Zip Code

32766-8813

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

John Weiss JOHN WEISS PRESIDENT

6-15-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEISS, JOHN 2105 FIRESTONE CT. OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1720 SABOFF WAY CHULUOTA, FL 32766-8813	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

John Weiss SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-15-00 407-366-8281

CR2E034 (1/99)