

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059981

1. Entity Name

S.A.J. ELECTRIC, INC.

Principal Place of Business

904 LEE BLVD. SUITE 105
LEHIGH ACRES FL 33936
US

Mailing Address

904 LEE BLVD. SUITE 105
LEHIGH ACRES FL 33936-4953

2. Principal Place of Business

1250 Business Way
Suite, Apt. #, etc.

3. Mailing Address

206 Kingston Street
Suite, Apt. #, etc.

City & State

Lehigh Acres, FL.

Zip

33936

Country

USA

City & State

Lehigh Acres, Florida

Zip

33972

Country

USA

4. FEI Number

65-0852672

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, JOHN DOUGLAS SR
904 LEE BLVD. SUITE 105
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name John Douglas Wright, Sr.
Street Address (P.O. Box Number is Not Acceptable)
206 Kingston Street
Lehigh Acres
City FL Zip 33972

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 D. Wright
Signature, typed or printed name of registered agent and title, applicable.

JOHN D. WRIGHT, PRESIDENT

4-20-00

(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 D ☐ Delete
NAME WRIGHT, JOHN D
STREET ADDRESS 904 LEE BLVD. #105
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

John D. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

(941)369-2818

Daytime Phone #

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

05-19-2000 90750 001 ***150.00

05-19-2000 90750 002 ***400.00

10011



DO NOT WRITE IN THIS SPACE