

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059981

1. Entity Name  
S.A.J. ELECTRIC, INC.

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
03-02-2001 90054 041 \*\*\*150.00

Principal Place of Business 1250 BUSINESS WAY LEHIGH ACRES FL 33936 US	Mailing Address 206 KINGSTON CT LEHIGH ACRES FL 33972
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 1250 Business Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LEHIGH ACRES, Florida	
Zip	Country	Zip	Country
		32936	USA

4. FEI Number	65-0852672	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOUGLAS, JOHN DOUGLAS SR 206 KINGSTON CT LEHIGH ACRES FL 33972
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NOT NEW -  
WRONG NAME &  
ADDRESS

7. Name and Address of New Registered Agent	
Name	John Douglas Wright Sr
Street Address (P.O. Box Number is Not Acceptable)	820 JACKSON AVENUE
City	Lehigh Acres
FL	33972

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, JOHN D 904 LEE BLVD. #105 LEHIGH ACRES FL 33936 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1250 BUSINESS WAY LEHIGH ACRES, FL. 33936
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: [Signature] 2-26-01 (941)369-2818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)