

DOCUMENT # P98000065847

1. Entity Name
PULLARA'S ELECTRIC ENTERPRISES, INC.

Principal Place of Business
10108 SEDGE BROOK DR
RIVERVIEW FL 33569
US

Mailing Address
PO BOX 1715
RIVERVIEW FL 33568

2. Principal Place of Business

10108 Sedgebrook Dr.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1715
Suite, Apt. #, etc.

City & State
RIVERVIEW, FL

City & State
RIVERVIEW, FL

4. FEI Number 65-0854545

Applied For
Not Applicable

Zip 33569 Country Hillsborough

Zip 33568 Country Hillsborough

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

6. Name and Address of Current Registered Agent

MARKS, LESTER
10108 SEDGEBROOK DR
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name LESTER MARKS
Street Address (P.O. Box Number is Not Acceptable)
10108 Sedgebrook Dr.
City RIVERVIEW FL Zip Code 33569

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 *Lester W Marks*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/5/01
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 P
NAME MARKS, LESTER
STREET ADDRESS 10108 SEDGEBROOK DR
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE VP
NAME PULLARA, WILLIAM C
STREET ADDRESS PO BOX 604
CITY-ST-ZIP ODESSA FL 33556 ☐ Delete

TITLE S
NAME GIER, DWAYNE
STREET ADDRESS 907 HILLSINE TERRACE
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Lester W Marks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 (813) 671-1616
Date Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90005 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)