

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072065

1. Entity Name

L & L ELECTRICAL SERVICES, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90015 007 \*\*\*150.00

Principal Place of Business

12326 LANGSHAW DRIVE  
THONOTOSASSA FL 33592  
US

Mailing Address

12326 LANGSHAW DRIVE  
THONOTOSASSA FL 33592-2734  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



600344

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3541423

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

LINDSAY, MICHAEL J  
12326 LANGSHAW DRIVE  
THONOTOSASSA FL 33592

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

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 ☐ Delete  
NAME D  
STREET ADDRESS LINDSAY, MICHAEL J  
CITY-ST-ZIP 12326 LANGSHAW DRIVE  
THONOTOSASSA FL 33592

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS CRIBBS, DANIEL R  
CITY-ST-ZIP P.O. BOX 83  
HOMELAND FL 33847

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

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS LINDSEY CAROLYN J  
CITY-ST-ZIP 12326 LANGSHAW DRIVE  
THONOTOSASSA FL 33592

TITLE ☐ Change ☐ Addition  
NAME ST  
STREET ADDRESS Lindsay, Carolyn J.  
CITY-ST-ZIP SAME

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Michael J. Lindsay*  
MICHAEL J. LINDSAY

Date

Daytime Phone #

1-4-000 813-620-3341

CR2E034 (9/99)