2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # P98000074740

Country

Principal Place of Business

2. Principal Place of Business

GIAQUINTO, FRANK

BOYNTON BEACH FL 33437

5045 MARK DRIVE

Suite, Apt. #, etc.

City & State

Zip

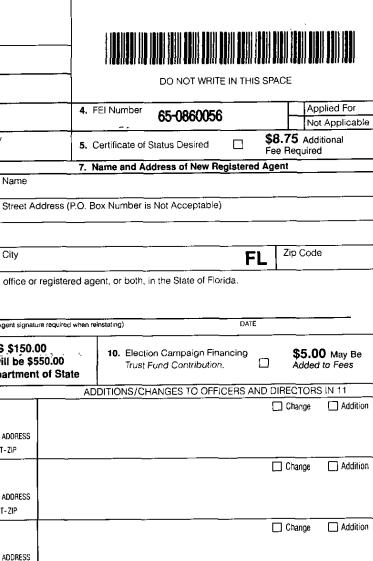
ADF ELECTRICAL SERVICES, INC.

5045 MARK DRIVE 5045 MARK DRIVE BOYNTON BEACH FL 33437-1134 **BOYNTON BEACH FL 33437**

6. Name and Address of Current Registered Agent

FILED Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90033 002 ***150.00



	,						
B. The above	named entity submits this statement for the	e purpose of changing its re	egistered office or	registered age	ent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent and ti	tle if applicable. (NOTE:	Registered Agent signatur	e required when rei	instating) D.	ATE	
Tax filing r	Tax filing requirement and elects to do so After MAY 1, 2		II FEE IS \$150.00 00 Fee will be \$550.00 le to Department of State		10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		
11.	OFFICERS AND DIR	ECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIAQUINTO, FRANK 5045 MARK DRIVE BOYNTON BEACH FL 33437	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE	 	> □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

Country

Name

City

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:

OF SIGNING OFFICER OF DIRECTOR

2-10-00 5617428714
Date Daytime Phone #