2000 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other I

SIGNATURE:

ke empowered.

FILED DOCUMENT # **P98000076006** May 01, 2000 8:00 am 1. Entity Name **Secretary of State** M & R HOLDING ELECTRIC, INC. 05-01-2000 90463 049 ***150.00 Mailing Address Principal Place of Business 10641 AVIATION BOULEVARD 10641 AVIATION BOULEVARD MARATHON FL 33050 MARATHON FL 33050-3057 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0860598 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change PTD TITLE ☐ Delete TITLE HOLDING, MARK A NAME NAME STREET ADDRESS 10641 AVIATION BOULEVARD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MARATHON FL 33050 ☐ Addition ☐ Change Delete TITLE TITLE HOLDING, RHONDA J NAME NAME STREET ADDRESS STREET ADDRESS 10641 AVIATION BOULEVARD CITY-ST-ZIP CITY-ST-ZIE MARATHON FL 33050 ☐ Addition Change TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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