

2001 UNIFORM BUSINESS REPORT (UBR)

0093655 AV

DOCUMENT # P98000088381

1. Entity Name
AEI ELECTRICAL CONSTRUCTION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 5:36

Principal Place of Business
600 OSPREY LANDING DRIVE WEST
LAKELAND FL 33813

Mailing Address
600 OSPREY LANDING DRIVE WEST
LAKELAND FL 33813



2. Principal Place of Business
4334 Holden Rd.

3. Mailing Address
P.O. Box 7456

REINSTATEMENT 01

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number
59-3536992

Applied For --
Not Applicable

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

Zip Country
33811 USA

Zip Country
33813 USA

6. Name and Address of Current Registered Agent
ARNETT, LLOYD H II
600 OSPREY LANDING DRIVE WEST
LAKELAND FL 33813

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 7456
4334 Holden Rd.
City Lakeland FL Zip Code 33807

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 DATE 10/12/01

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D ARNETT, LLOYD H II 600 OSPREY LANDING DRIVE WEST LAKELAND FL 33813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500004655295-1 -10/26/01-01067-015 ***550.00 ***550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNETT, DEBRA S 600 OSPREY CAROLING DR W LAKELAND FL 33813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000004655380-6 -10/26/01-01071-002 ***750.00 ***750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: DATE 10/12/01 863-619-6909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)