

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90215 002 ***158.75

DOCUMENT # P98000105920

1. Entity Name
A.L. COVELL ELECTRIC, INC.



Principal Place of Business
26 EAST LIBERTY STREET
BROOKSVILLE FL 34601

Mailing Address
26 EAST LIBERTY STREET
BROOKSVILLE FL 34601

2. Principal Place of Business
600 SOUTH MAIN STREET
Suite, Apt. #, etc.

3. Mailing Address
600 SOUTH MAIN STREET
Suite, Apt. #, etc.

City & State
BROOKSVILLE FL
Zip 34601 **Country** HERNANDO

City & State
BROOKSVILLE FL
Zip 34601 **Country** HERNANDO

4. FEI Number 59-3549860 **Applied For**
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COVELL, ANNA LISA
26 EAST LIBERTY STREET
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name **COVELL, ANNA LISA**
Street Address (P.O. Box Number is Not Acceptable)
600 SOUTH MAIN STREET
City **BROOKSVILLE** **FL** **Zip Code** **34601**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anna Lisa Covell*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1-17-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> Delete
NAME	COVELL, ANNA L	
STREET ADDRESS	15152 EDGEWATER AVE.	
CITY-ST-ZIP	NOBLETON FL 34661	
TITLE	P	<input type="checkbox"/> Delete
NAME	COVELL, JAMES A	
STREET ADDRESS	15152 EDGEWATER AVE.	
CITY-ST-ZIP	NOBLETON FL 34661	
TITLE	D	<input type="checkbox"/> Delete
NAME	COVELL, BRYON A	
STREET ADDRESS	29108 EDGEWATER AVE	
CITY-ST-ZIP	NOBLETON FL 34661	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: *ANNA LISA COVELL*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03 352 544-0680

Date Daytime Phone #

CR2E034 (10/02)