

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002949

1. Entity Name
E Z WIRING, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90049 032 ***150.00

Principal Place of Business
**212 N. 6TH ST.
FLAGLER BCH FL 32136**

Mailing Address
**212 N. 6TH ST.
FLAGLER BCH FL 32136**

C0035018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1623 South Central Avenue
Suite, Apt. #, etc.

3. Mailing Address
1623 South Central Avenue
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3555326** Applied For ☐ Not Applicable ☐

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

Zip Country Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DODIG, ROBERT JR.
4 OLD KINGS RD N., SUITE B
PALM COAST FL 32137**

Name

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

City **FL** Zip Code

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 _____

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, 2001 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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOUZA, ROBERT A		NAME		
STREET ADDRESS	212 N. 6TH ST.		STREET ADDRESS	1623 South Central Avenue	
CITY-ST-ZIP	FLAGLER BCH FL 32136		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert A. Souza**

Date **3/15/01** Daytime Phone # **904-437-3434**

CR2E034 (10/00)