

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002952

1. Entity Name

ELECTRONIC SOLUTIONS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90004 013 ***150.00

Principal Place of Business

2814 BARRET AVE.
PLANT CITY FL 33567

Mailing Address

2814 BARRET AVE.
PLANT CITY FL 33567-7274

00004300

2. Principal Place of Business

110 E. REYNOLDS ST.

Suite, Apt. #, etc.

604

3. Mailing Address

SAME

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANT CITY, FL.

City & State

4. FEI Number

59-356-4274

Applied For

Not Applicable

Zip

33566

Country

U.S.A

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMBROS, WILLIAM
2814 BARRET AVE.
PLANT CITY FL 33567

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

William Ambros

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-29-00

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, 2000 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBROS, ROBERT		NAME	
STREET ADDRESS	2814 BARRET AVE.		STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBROS, WILLIAM		NAME	
STREET ADDRESS	2814 BARRET AVE.		STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567		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	
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	

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:

William Ambros

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00 813-707-0425

Date

Daytime Phone #

CR2E034 (9/99)