2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000010824 DOCUMENT

1. Entity Name

SIGNATURE:

NELSON A. PEREZ ELECTRIC COMPANY



EII ED

05-05-2003 91431 025 ***150.00

	T, T			
Tav	05	2003	8:00	am
Seci	reta	rv of	State	_
	·	ı, oı		

4/30/03

Daytime Phone #

Date

				600 WE 110						
Principal Place of Business 215 S ROME AVE TAMPA FL 33606		Mailing Address 215 S ROME AVE TAMPA FL 33606								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Numi	^{ber} 59-1734295		— — —	oplied For ot Applicable	
Zip Country		Zip Country		y	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. N	ame and Address of Current F	Registered Agent			7. Name an	d Address of New F	Registered A	Agent		`
SEQUEIRA, DENEL	•			Name Street Address	s (P.O. Box Numb	per is Not Acceptable		· · · · · · · · · · · · · · · · · · ·		
7221 NORTH CORT	TEZ AVENUE		L.	<u></u>			 _			
			-	City			FL	Zip Cod	e	
the obligations of re	entity submits this statement for egistered agent. Typed or printed name of registered agent are			d office or regist		oth, in the State of Fl	orida. I am f	amiliar with,	and accept	
- After May 1, Make Check Payab	W!!! FEE IS \$150.00 2003 Fee will be \$550.00 le to Florida Department of	State			•	lection Campaign Fin rust Fund Contribution			May Be I to Fees	
10. *	OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
STREET ADDRESS 421 SO	NELSON A MBRERO BEACH RD HON FL 33050	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				Change	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP				Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s	_ □ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP			n - €	Change	Addition	-
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP				☐ Change	Addition .	
indicated on this re	at the information supplied with the information supplied with the port or supplemental report is or the receiver or trustee empore attachment with an address, with an address, with an address, with an address.	rue and accurate and that	my signatur	re chall have the	a sama lanal affa	ct as if made under	nath: that I a	m an officer	or director	

REQUEST A. Perez/Director

NAME OF SIGNING OFFICER OR DIRECTOR