2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000018336** Sep 11, 2000 8:00 am 1. Entity Name Secretary of State ORLANDO ELECTRICAL LABOR-MANAGEMENT COOPERATIVE 09-11-2000 90072 038 ***550.00 Mailing Address Principal Place of Business 820 VIRGINIA DRIVE 820 VIRGINIA DRIVE ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Same 820 Virginia Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State Same Orlando, Florida 4. FEI Number 59-3564699 Not Applicable ^{Zip} Same \$8.75 Additional Country Country 32803 5. Certificate of Status Desired Same Orange Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Skipper, Janet D. COPPERSMITH, ROBERT Street Address (P.O. Box Number is Not Acceptable) 820 VIRGINIA DRIVE ORLANDO FL 32803 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) FILE NOW!!! FEE IS \$550.00 goration is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete TITLE TITLE President President. NAME NAME Robert Coppersmith Janet Skipper STREET ADDRESS STREET ADDRESS 820 Virginia Drive Orlando, FL 32803 820 Virginia Drive Orlando, FL 32803 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Detete Recording Secretary Change TITLE Recording Secretary TITLE Robert Coppersmith Janet Skipper NAME NAME STREET ADDRESS STREET ADDRESS 820 Virginia Drive 820 Virginia Drive CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32803 Orlando, FL 32803 ☐ Change --__ Addition Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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

SIGNING OFFICER OR DIRECTOR

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with all other like empowered.

changed, or on an attachment with an address

SIGNATURE: