2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90011 018 ***150.00

C0100464

DOCUMENT # P99000031716

1. Entity Name
PERFORMANCE ELECTRICAL CONTRACTORS, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
417 Cassat Avenue		P.O. Box 14877	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Jacksonville	
City & State: Jacksonville, FL		City & State: Jacksonville, FL	
Zip: 32254	Country: USA	Zip: 32238	Country: USA

4. FEI Number: 59-3568609 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Patsy B. Svendsen
4575 St. Johns Avenue, Suite 4
Jacksonville, FL 32210

7. Name and Address of New Registered Agent
Name: Patsy B. Svendsen
Street Address (P.O. Box Number Is Not Acceptable): 417 Cassat Avenue
City: Jacksonville FL Zip Code 32254

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 James S. Paine Patsy B. Svendsen 4-28-00
Signature, typed or printed name of registered agent and title if applicable. (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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P James S. Paine P.O. Box 37936 Jacksonville, FL 32236 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: James S. Paine 4-28-00 904-545-6726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #