

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90090 031 \*\*\*150.00

**DOCUMENT # P99000032688**

1. Entity Name

**NEWCO ELECTRICAL CONSULTING COMPANY**

Principal Place of Business

Mailing Address

**17830 FRONT STREET  
 MT. DORA FL 32757**

**17830 FRONT STREET  
 MT. DORA FL 32757-9787**

2. Principal Place of Business

3. Mailing Address

**12415 Bruce Hunt Road  
 Suite, Apt. #, etc.**

**P.O. Box 1097  
 Suite, Apt. #, etc.**

City & State

City & State

**Clermont, Florida**

**Ocoee, Florida**

Zip

Country

Zip

Country

**34711**

**Lake**

**34761-1097**

**Orange**



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

**59-3569332**

Not Applicable

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

**PAPPAS, PETER C  
 225 EAST ROBINSON STREET  
 SUITE 540  
 ORLANDO FL 32801**

Name

**Mario A. Garcia, ESQ.**

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

**315 E. Robinson St. Suite #160**

City

**Orlando**

**FL**

Zip Code  
**32801**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/00**

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROWN, WILLIAM P</b>	
STREET ADDRESS	<b>17830 FRONT STREET</b>	
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FISHER, RON</b>	
STREET ADDRESS	<b>134 GROVE PARK</b>	
CITY-ST-ZIP	<b>WOODSTOCK GA 30188</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROWN, PATRICK W</b>	
STREET ADDRESS	<b>235 HEDGE ROW HOLLOW</b>	
CITY-ST-ZIP	<b>ROSEWELL GA 30076</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DANIELS, CHUCK</b>	
STREET ADDRESS	<b>5229 CAMDEN LAKE PARKWAY</b>	
CITY-ST-ZIP	<b>ACWORTH GA 30101</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DANIELS, KEITH</b>	
STREET ADDRESS	<b>212 COLEMANS BLUFF DRIVE</b>	
CITY-ST-ZIP	<b>WOODSTOCK GA 30188</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P/VP/S/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Paul F. Whitaker</b>	
STREET ADDRESS	<b>P. O. Box 1097</b>	
CITY-ST-ZIP	<b>Ocoee, FL 34761-1097</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PAUL F. WHITAKER PRES** 4/24/00 407-352-3877

CR2E034 (9/99)