2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000036333** May 01, 2000 8:00 am Secretary of State LOCKHART POWER ELECTRICAL CONSTRUCTORS, INC. 05-01-2000 90459 045 ***150.00 Mailing Address Principal Place of Business 805 CHERRY STREET 805 CHERRY STREET WINTER PARK FL 32789 WINTER PARK FL 32789-4620 3. Mailing Address 2. Principal Place of Business WORANGE AV. 2640 w orange ay. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 70423 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired RANGES G Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TALBERT, STEPHEN C Street Address (P.O. Box Number is Not Acceptable) **805 CHERRY STREET** WINTER PARK FL 32789 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition TITLE ☐ Delete STEPHEN CTALBERT 8060 NEFRY ST TALBERT, STEPHEN C NAME NAME STREET ADDRESS **805 CHERRY STREET** STREET ADDRESS WINTER PARK, PL. 32789 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Addition TITLE ☐ Change ☐ Delete TITLE ARY L GREEN MAN NAME NAME 122 PROSPER DR STREET ADDRESS STREET ADDRESS HOPKA, FL CITY-ST-ZIP CITY-ST-ZIE ☐ Change → Addition ☐ Delete TITLE TITLE GLEN FOREZNMAN NAME STREET ADDRESS 1886 KENTLIKY AU. STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

4-200 4076477015