FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 12, 2001 8:00 am DOCUMENT # P99000037439 **Secretary of State** B & T ELECTRIC, INC. 02-12-2001 90238 032 \*\*\*150.00 Principal Place of Business Mailing Address 1806 BANYAN CREEK CIRCLE NORTH 1806 BANYAN CREEK CIRCLE NORTH BOYNTON BEACH FL 33436 **BOYNTON BEACH FL 33436** C0020119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0924080 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TERRY, ROBERT A JR. Street Address (P.O. Box Number is Not Acceptable) 1806 BANYAN CREEK CIRCLE NORTH **BOYNTON BEACH FL 33436** Zip Code City F۱ 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 = Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete Change ☐ Addition TITLE TIT1 F NAME TERRY, ROBERT A JR. NAME STREET ADDRESS STREET ADDRESS 1806 BANYAN CREEK CIRCLE NORTH CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Addition **VPSD** Delete TITLE ☐ Change TITLE NAME NAME BAYER, PETER STREET ADDRESS STREET ADDRESS 8326 BERMUDA SOUND WAY CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Reflect Brown A SIGNATURE AND TYPED OR PRINTED NAME OF SOMING OFFICER OR DIRECTOR

2-a-91

561-733-3110

Daytime Phor