

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90040 043 ***150.00

DOCUMENT # P99000043746

1. Entity Name

LOW VOLTAGE SPEICALTIES, INC.

Principal Place of Business

**1016 S 70TH ST
TAMPA FL 33619**

Mailing Address

**1016 S 70TH ST
TAMPA FL 33619**

2. Principal Place of Business

6323 Cocoa Lane

3. Mailing Address

6323 Cocoa Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Apollo Beach FL

City & State

Apollo Beach FL

4. FEI Number

59-3583263

Applied For

Not Applicable

Zip

Country

33572 USA

USA

Zip

33572

Country

USA

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

O'CONNOR, PATRICK M

2240 BELLEAIR RD. STE. 160

CLEARWATER FL 33764

Name

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

City

FL

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

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	SAMBUCO, MICHAEL J	
STREET ADDRESS	4380 39TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SAMBUCO, LIGIA L	
STREET ADDRESS	1016 S 70TH ST	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

Ligia Sambuco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20502 813-478-4421

Date

Daytime Phone #

CR2E034 (9/01)