

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048304

1. Entity Name  
**ELECTROFUNDS, INC.**

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90041 016 \*\*\*158.75

Principal Place of Business

Mailing Address

703 COURT STREET  
CLEARWATER FL 33756-5507

703 COURT STREET  
CLEARWATER FL 33756-5507

2. Principal Place of Business

3. Mailing Address

**24 Village Ln**

**950 Harbor Lake Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

—

**Suite 4**

City & State

**Safety Harbor, FL**

City & State

**Safety Harbor, FL**

4. FEI Number

**59-3584326**

Applied For

Not Applicable

Zip

Country

**34695-5331 USA**

Zip

Country

**34695-2305 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

**JENNINGS, THOMAS C III**  
**703 COURT STREET**  
**CLEARWATER FL 33756-5507**

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, 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 ☐ Delete  
NAME **P/T/S**  
STREET ADDRESS **Maria F. Wilson**  
CITY-ST-ZIP **24 Village Lane**  
**Safety Harbor, FL 34695-5331**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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:

**Maria F. Wilson**

**4-17-2000 727-712-9458**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (9/99)