

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90069 028 ***158.75

DOCUMENT # P99000066717

1. Entity Name
P & L ELECTRIC SERVICE, INC.

Principal Place of Business POST OFFICE BOX 23279 JACKSONVILLE FL 32241-3279	Mailing Address POST OFFICE BOX 23279 JACKSONVILLE FL 32241-3279
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00055823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P & L ELECTRIC SERVICE, INC.	3. Mailing Address ← SAME
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Suite, Apt. #, etc. 9405 103rd STREET	Suite, Apt. #, etc.
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City & State JAK, FL	City & State
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4. FEI Number 59-3590419	Applied For <input checked="" type="checkbox"/> Not Applicable
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Zip 32210	Country USA	Zip	Country
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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

LILLY, WILLIAM SCOTT
3362 GUERNSEY COURT
JACKSONVILLE FL 32226

Name ← SAME
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 William S. Lilly Vice-President 3/10/00 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD PONCE, WILLIAM B 3916 SIERRA MADRE DRIVE, N. JACKSONVILLE FL 32217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LILLY, WILLIAM SCOTT 3362 GUERNSEY COURT JACKSONVILLE FL 32226	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A
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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: William S. Lilly V. Pres. 3/10/00 DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)