

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066717

1. Entity Name

P & L ELECTRIC SERVICE, INC.

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

03-16-2000 90069 028 ***158.75

Principal Place of Business

Mailing Address

POST OFFICE BOX 23279
 JACKSONVILLE FL 32241-3279

POST OFFICE BOX 23279
 JACKSONVILLE FL 32241-3279

2. Principal Place of Business

P & L ELECTRIC SERVICE, INC.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

9405 103RD STREET

Suite, Apt. #, etc.

City & State

JAX, FL

Zip

32210

Country

USA

Zip

Country

4. FEI Number

59-3590419

Applied For

☒ Not Applicable

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

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	PTD	<input type="checkbox"/> Delete
NAME	PONCE, WILLIAM B	
STREET ADDRESS	3916 SIERRA MADRE DRIVE, N.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	LILLY, WILLIAM SCOTT	
STREET ADDRESS	3362 GUERNSEY COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

William S. Lilly V. Pres. 3/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)