

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075535

1. Entity Name

ANECO ELECTRICAL CONSTRUCTION, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90119 040 ***150.00

Principal Place of Business

400 S. GREENWOOD AVE.
CLEARWATER FL 33756

Mailing Address

400 S. GREENWOOD AVE.
CLEARWATER FL 33756

2. Principal Place of Business

601 Cleveland Street

Suite, Apt. #, etc.
Suite 600

City & State
Clearwater, FL

Zip
33755

Country
USA

3. Mailing Address

601 Cleveland Street

Suite, Apt. #, etc.
Suite 600

City & State
Clearwater, FL

Zip
33755

Country
USA

4. FEI Number

59-3591827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	MEDLIN, BRUCE J	
STREET ADDRESS	400 S GREENWOOD AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VST	<input type="checkbox"/> Delete
NAME	MLADIC, WILLIAM G	
STREET ADDRESS	400 S GREENWOOD AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANG, THOMAS H	
STREET ADDRESS	400 S GREENWOOD AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEIM, TED	
STREET ADDRESS	400 S GREENWOOD AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLMES, MICHAEL	
STREET ADDRESS	11220 METRO PKWY	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHU, TIN S	
STREET ADDRESS	4629 36TH ST	
CITY-ST-ZIP	ORLANDO FL 32811	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Medlin, Bruce J.	
STREET ADDRESS	601 Cleveland Street, Suite 600	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mladic, William G.	
STREET ADDRESS	601 Cleveland Street, Suite 600	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beim, Ted	
STREET ADDRESS	601 Cleveland Street, Suite 600	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 G. Mladic William G. Mladic

3-5-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)