## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P99000075535 **DOCUMENT #**

1. Entity Name

ANECO ELECTRICAL CONSTRUCTION, INC.



## **FILED** Aug 04, 2003 8:00 am Secretary of State

08-04-2003 90154 022 \*\*\*550.00

Principal Place of Business 601 CLEVELAND STREET SUITE 600 CLEARWATER FL 33755		Mailing Address 601 CLEVELAND STREET SUITE 600 CLEARWATER FL 33755							
2. Principal Place of Business		3. Mailing Address				THE REPORT OF THE PART OF THE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State				4. FEIN	Jumber 59-3591827		Applied For Not Applicable
Zip	Country	Zip	Countr		5. Certificate of Status Di		ficate of Status Desired	S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
				Name					
NRAI SERVICES, INC. 526 E. PARK AVE.				Street Address (P.O. Box Numb			lumber is Not Acceptable)		
TALLAHASSEE FL 32301									
				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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
FILE NOW!!! FEE IS \$550.00									
After Se						<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	· •	<b>5.00</b> May Be dded to Fees	
10,	OFFICERS AND DI	RECTORS	11.	<del></del>		ADDITI	ONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 11
TITLE	PCD	☐ Delete	TITLE		Chie		ancial Officer	☐ Char	
NAME	MEDLIN, BRUCE J	•	NAME	- 1	V. M	lichae	el Eitler III		
STREET ADDRESS CITY-ST-ZIP	601 CLEVELAND STREET, SUITE 600 CLEARWATER FL 33755			T ADDRESS ST-ZIP		Cleveland Street, Suite 600			
TITLE	VST	XX Delete	TITLE		Vice	Pres	sident	Chai	nge 🛣 Addition
NAME STREET ADDRESS	MLADIC, WILLIAM G   601 CLEVELAND STREET, SUITE 6	·ΛΛ	NAME	T ADDRESS			anklin		
CITY-ST-ZIP	CLEARWATER FL 33755	w		ST-ZIP			ance Avenue		
TITLE	V	Delete			_Apex	NC_		[]_Char	age Addition
NAME	LANG, THOMAS H		NAME		•	/			
STREET ADDRESS	400 S GREENWOOD AVE			T ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33756			ST-ZIP					
TITLE	V Beim, Ted	☐ Delete	TITLE					Char	ige 🔲 Addition
NAME STREET ADDRESS	601 CLEVELAND STREET		NAME STREE	T ADDRESS					1
CITY-ST-ZIP	CLEARWATER FL 33755			ST-ZIP					
TITLE	VD	☐ Delete	TITLE			·		Char	ige
NAME	HOLMES, MICHAEL		NAME	- 1				_	,
STREET ADDRESS CITY-ST-ZIP	11220 METRO PKWY STE 17 FORT MYERS FL 33912			T ADDRESS ST-ZIP					
TIFLE	V	XX Delete	TITLE			<u> </u>		[] Char	ige 🔲 Addition
NAME	CHU, TIN S		NAME	ſ					
STREET ADDRESS CITY-ST-ZIP	4629 36TH ST ORLANDO FL 32811			T ADDRESS ST-ZIP			•		
OIL1-01-71	ALIPHIANA LF REGIL		UIT-	JI"AIT					J

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all or far like empowered.

**SIGNATURE:** 

WAY UIREN Michael Eitler III

Date

7/28/03

(727) Daytime Phone # 556