# CR2E034 (9/99)

## 2000 UNIFORM BUSINESS REPORT (UBR)

#### FILED Mar 22, 2000 8:00 am DOCUMENT # **P99000075540** Secretary of State 1. Entity Name ANECO, INC. 03-22-2000 90219 008 \*\*\*150.00 Mailing Address Principal Place of Business 400 S. GREENWOOD AVE. 400 S. GREENWOOD AVE. CLEARWATER FL 33756 CLEARWATER FL 33756-5719 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3594442 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 City Zip Code FL 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 app\$cable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P/C/D X Addition ☐ Change TITLE ☐ Delete TITLE Bruce J. Medlin NAME NAME STREET ADDRESS STREET ADDRESS 400 S. Greenwood Avenue CITY-ST-7(P CITY-ST-7IP Clearwater, Florida 33756 V/S/T ☐ Delete TITLE Change X Addition TITLE William G. Mladic NAME STREET ADDRESS STREET ADDRESS 400 S. Greenwood Avenue CITY ST-ZIP CITY-ST-21P Clearwater, Florida 33756 ☐ Change X Addition TITLE ☐ Delete NAME Thomas H. Lang STREET ADDRESS STREET ADDRESS 400 S. Greenwood Avenue CITY-ST-ZIP CITY-ST-ZIP Clearwater, Florida 33756 TITI F ☐ Delete TITLE Change X Addition NAME NAME Ted Beim STREET ADDRESS STREET ADDRESS 400 S. Greenwood Avenue CITY-ST-ZIP CITY-ST-7IP Clearwater, Florida 33756 Change X Addition ☐ Delete TITLE TITLE NAME NAME Michael Holmes STREET ADDRESS STREET ADDRESS 11220 Metro Parkway CITY-ST-ZIP CITY-ST-ZIP Fort Meyers, Fl. 33912 ☐ Delete ☐ Change X Addition TITLE TITLE NAME NAME Tin S. Chu STREET ADDRESS STREET ADDRESS

13. Thereby 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OG OFFICER OR DIRECTORWILLIAM G. MLadic

3/20/00

32811

4629 36th Street

Orlando, Florida

(727) 447-2556

### ·2000 UNIFORM BUSINESS REPORT (UBR)

# AHACHMENT 00043492

DOCUMENT # P9900075535  1. Entity Name  ANECO ELECTRICAL CONSTRUCTION, INC.						<u>e</u>	XXV4°3	496
Principal Place of B	usiness	Mailing Address						
400 S. Greenwood ave. Clearwater FL 33756		400 S. Greenwood ave. Clearwater Fl. <b>3375</b> 6-5719			j			
2. Principal Place o	f Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	4. FEI Number 59-3591827 Applied For Not Applicable			
Zip Country		Zıp	Country			Certificate of Status Desired	¢9.75	ditional
6.	Name and Address of Current	Registered Agent			7.	Name and Address of New Registe		
NRAI SERVICES, INC.				Name				
526 E. PA				Street Address (P.O. Box Number is Not Acceptable)				
				City	<u></u>		FL Zip Coo	16
8. The above name	d entity submits this statement fo	r the purpose of changing	its register	ed office of	registered as	gent, or both, in the State of Florica.	<del></del>	
9. This corporation Tax filing require	re typed or proted name of registered egent is eligible to satisfy its Intangible ment and elects to do so.	FILE	VIII FEE	is \$150.0 will the \$4	<b>50.0</b> 0	10. Election Campaign Financin Trust Fund Contribution	·	00 May Be
(See criteria on t	pack)	Make Check		parlmen		Must Fund Contribution	□ Acadeo	d to Fees
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	that the information supplied with	this filing does not qualify:			lad in Section	119 07(3)(i), Florida Statutes Synthe		
of the corporation	s report of Supplemental report is	i true and accurate and the owered to execute this <b>repo</b>	it my signai vrt as requi	iure chall h	ave the came	in 19 07(3)(i), Plorida Statures — Siftly legal effect as it made under satinity ida Statutes; and that my name appi	hat I am an afficer	or director

William & Made

SIGNATURE: \_

3/20/00

(727) 447-2556