

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # P99000078327

1. Entity Name
A.P. ELECTRIC INC.

FILED
May 26, 2000 8:00 am
Secretary of State

02-29-2000 90161 005 ***150.00

Principal Place of Business
P.O. BOX 372
SHARPS FL 31959-0372

Mailing Address
P.O. BOX 372
SHARPS FL 32959-0372

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
~~P.O. BOX 372~~
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
~~SHARPS FL~~

4. FEI Number
593599603

Applied For
Not Applicable

Zip Country
3259-0372 US

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

POWELL, DEBBIE
4455 DELESPINE RD
PORT ST. JOHN FL 32927

Name ~~Debbie Powell~~
Street Address (P.O. Box Number is Not Acceptable)
~~4455 Delespine Rd~~
City ~~Port St John~~ FL Zip Code ~~32927~~

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 _____ (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

TITLE	President / Secretary	<input type="checkbox"/> Delete
NAME	Robert Powell	
STREET ADDRESS	4455 Delespine Rd	
CITY-ST-ZIP	Port St John FL 32927	
TITLE	Vice President / Treasurer	<input type="checkbox"/> Delete
NAME	Debbie Powell	
STREET ADDRESS	4455 Delespine Rd	
CITY-ST-ZIP	Port St John FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Powell	
STREET ADDRESS	4455 Delespine Rd Port St John FL	
CITY-ST-ZIP	32927	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debbie Powell	
STREET ADDRESS	4455 Delespine Rd Port St John FL	
CITY-ST-ZIP	32927	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Powell	
STREET ADDRESS	4455 Delespine Rd Port St John	
CITY-ST-ZIP	32927	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debbie Powell	
STREET ADDRESS	4455 Delespine Rd Port St John	
CITY-ST-ZIP	32927	
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: ROBERT POWELL President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00
Date

407-631-2390
Daytime Phone #

CR2E034 (9/99)