

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090917

1. Entity Name
WIRE & DESIGN ELECTRIC, INC.

Principal Place of Business
4315 INVERNESS CT.
LAKELAND FL 33813

Mailing Address
4315 INVERNESS CT.
LAKELAND FL 33813

2. Principal Place of Business
2016 HIGH VISTA DR.
Suite, Apt. #, etc.

3. Mailing Address
2016 HIGH VISTA DR
Suite, Apt. #, etc.

City & State
LAKELAND, FL.
Zip
33813
Country
USA

City & State
LAKELAND, FL
Zip
33813
Country
USA

4. FEI Number 59-3603039

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHVARTSMAN, ISAAK M
~~4315 INVERNESS CT.~~
~~LAKELAND FL 33813~~

2016 High Vista DR.

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 *Isaac Chvartsman*

ISAAK CHVARTSMAN

09.10.01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PSTD
NAME CHVARTSMAN, ISAAK M
STREET ADDRESS ~~4315 INVERNESS CT.~~ 2016 High Vista Dr.
CITY-ST-ZIP LAKELAND FL 33813

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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: *Isaac Chvartsman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09.10.01

Date

863-644-2777

Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90009 050 ***550.00

00000001



DO NOT WRITE IN THIS SPACE

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