

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093501

1. Entity Name

FIRST CHOICE ELECTRIC OF TAMPA, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90077 010 ***150.00

Principal Place of Business

Mailing Address

WEST COUNTY LINE ROAD
FL 33549

910 WEST COUNTY LINE ROAD
LUTZ FL 33549-4289

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DIAZ, SARAH E
910 WEST COUNTY LINE ROAD
LUTZ FL 33549

4. FEI Number

65-0963653

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



7. Name and Address of New Registered Agent

Name

JOANN DIAZ

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

910 W. County Line Rd

Lutz

City

Lutz

FL

Zip Code

33549

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

Joann Diaz

JOANN DIAZ

4-17-00

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, 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 **D**
NAME **DIAZ, SARAH E**
STREET ADDRESS **910 WEST COUNTY LINE ROAD**
CITY-ST-ZIP **LUTZ FL 33549**

☒ 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 **D**
NAME **~~SARAH~~ DIAZ, JOANN**
STREET ADDRESS **910 W. County Line Rd**
CITY-ST-ZIP **Lutz, FL 33549**

☐ Change

☒ Addition

TITLE **P**
NAME **DIAZ, Anthony C.**
STREET ADDRESS **910 W. County Line Rd**
CITY-ST-ZIP **Lutz, FL 33549**

☐ Change

☒ Addition

TITLE **VP**
NAME **MEAD, DANIEL L.**
STREET ADDRESS **4812 Coats Rd**
CITY-ST-ZIP **Zephyrhills, FL 33541**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Joann Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

813-949-8652

Daytime Phone #

CR2E034 (9/99)