

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102261

1. Entity Name

WEATHERMAKERS ELECTRIC, INC.

Principal Place of Business

4261 112TH TERR N  
CLEARWATER FL 33762

Mailing Address

4261 112TH TERR N  
CLEARWATER FL 33762

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3611731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LECHNER, BERNARD J  
2115 RANGE RD.  
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name

Kelly, William J

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

4261 112th Terrace North

City Clearwater

FL

Zip Code 33762

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 William J. Kelly William J. Kelly 30 March 2001  
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, 2001 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	P	<input type="checkbox"/> Delete
NAME	KELLY, WILLIAM J	
STREET ADDRESS	19725 GULF BLVD #19	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAHALL, CHARLES V	
STREET ADDRESS	1821 ROYAL OAK PLACE E	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FISHER, JOHN H	
STREET ADDRESS	13302 MARTINIQUER DR	
CITY-ST-ZIP	SEMINOLE FL 33776	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, William J	
STREET ADDRESS	4261 112th Terrace North	
CITY-ST-ZIP	Clearwater FL 33762	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAHALL, CHARLES V	
STREET ADDRESS	4261 112th Terrace North	
CITY-ST-ZIP	Clearwater FL 33762	
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		
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 Charles V Cahall  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01 872-596-9211  
Date Daytime Phone #

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**  
04-03-2001 90084 048 \*\*\*150.00

C0040603



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)