

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90092 037 ***558.75

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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

3. Mailing Address

6519 126TH AVE

6519 126TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LARGO, FL

LARGO, FL

Zip
33773

Country

USA

Zip

33773

Country

USA

4. FEI Number **59-3611731**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, WILLIAM J
4261 112TH TERRACE NORTH
CLEARWATER FL 33762

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John H. Fisher

JOHN H. FISHER

07-22-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KELLY, WILLIAM J	
STREET ADDRESS	112TH TERR NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAHALL, CHARLES V	
STREET ADDRESS	4261 112TH TERR NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FISHER, JOHN H	
STREET ADDRESS	13302 MARTINIQUE DR	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John H. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-22-03

727-576-9211

Date

Daytime Phone #

CR2E034 (4/03)