

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90070 033 ***150.00

DOCUMENT # P99000109224

1. Entity Name

C&R ELECTRIC OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

**3045 THOMAS RD.
TALLAHASSEE FL 32312**

**3045 THOMAS RD.
TALLAHASSEE FL 32312**

2. Principal Place of Business

3. Mailing Address

2009 Shady Oaks Dr.
Suite, Apt. #, etc.

2009th 2009 Shady Oaks Dr
Suite, Apt. #, etc.

C0059668



DO NOT WRITE IN THIS SPACE

City & State Tallahassee, FL 32303		City & State Tallahassee, FL 32303		4. FEI Number 59-3615297	Applied For <input type="checkbox"/> Not Applicable
Zip 32303	Country Leon	Zip 32303	Country Leon	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, ROBERTA
1204 ARKANSAS ST.
TALLAHASSEE FL 32304**

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.

SIGNATURE

Roberta L Williams

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

(NOTE: Registered Agent signature required when reinstating)

DATE

COI
April 30, 01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V	<input type="checkbox"/> Delete	TITLE 2009 Shady Oaks Dr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICH, GREG		NAME Tallahassee, FL 32303	
STREET ADDRESS 3045 THOMAS RD.		STREET ADDRESS 2009 Shady Oaks Dr	
CITY-ST-ZIP TALLAHASSEE FL 32312		CITY-ST-ZIP Tallahassee, FL 32303	
TITLE S	<input type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WHITE, JAMES JR.		NAME Terrence Price	
STREET ADDRESS 3045 THOMAS RD.		STREET ADDRESS 3045 Thomas Rd	
CITY-ST-ZIP TALLAHASSEE FL 32312		CITY-ST-ZIP Tallahassee, FL 32312	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01

514-0343
(850) 383-6911