

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90094 029 ***550.00

DOCUMENT # S03436

1. Entity Name

STATEWIDE ELECTRICAL SYSTEMS, INC.

Principal Place of Business

P. O. BOX 1478
 LAND-O-LAKES FL 34639

Mailing Address

P. O. BOX 1478
 LAND-O-LAKES FL 34639

80103946



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3028932

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, STEVEN F.
6417 BARCELONA ROAD
LAND-O-LAKES, FL 34639

7. Name and Address of New Registered Agent

Name **Jones, Steven F.**
 Street Address (P.O. Box Number is Not Acceptable)
4037 DICKINSON PLACE
 City **LAND-O-LAKES FL** Zip Code **34639**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-1-00

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete D BLACKMER, CARY S. 417 CACTUS CIRCLE SEFFNER FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete VP JONES, STEVEN F. 6417 BARCELONA ROAD LAND-O-LAKES FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP JONES, STEVEN F. 4037 DICKINSON PLACE LAND-O-LAKES, FL. 34639	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-00

Date

813-977-5706

Daytime Phone #