

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**  
 04-03-2001 90027 042 \*\*\*150.00

0082741

**DOCUMENT # S32174**

1. Entity Name

**RUSSELL CARTER ELECTRICAL SERVICE INC.**

Principal Place of Business

~~24 COVE RD~~  
**MELBOURNE BEACH FL 32951**

Mailing Address

~~24 COVE RD~~  
**MELBOURNE BEACH FL 32951**

**CUU40359**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**18 S. Riverside Dr.**

3. Mailing Address

**18 S. Riverside Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Indialantic, FL**

City & State

**Indialantic, FL**

4. FEI Number

**59-3061284**

Applied For

Not Applicable

Zip

**32903**

Country

**U.S.A.**

Zip

**32903**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARTER, RUSSELL F.**  
**323 ARROWHEAD LANE**  
**MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

Name **Carter, Russell F.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**18 S. Riverside Dr.**

City **Indialantic**

**FL**

Zip Code

**32903**

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

*Russell F. Carter*

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

(NOTE: Registered Agent signature required when reinstating)

**3/30/01**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PST</b><br><b>CARTER, RUSSELL F.</b><br><b>323 ARROWHEAD LANE</b><br><b>MELBOURNE BEACH FL</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>HOOK, ROBERT</b><br><b>415 5TH AVE</b><br><b>MELBOURNE BCH FL 32951</b>            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PST</b><br><b>Carter, Russell F.</b><br><b>18 S. Riverside Dr.</b><br><b>Indialantic FL 32903</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V.P. #2</b><br><b>Mike Curtis</b><br><b>2028 STEWART ROAD #36</b><br><b>MELBOURNE, FL. 32935</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <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)(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:

*Russell F. Carter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/01**

Date

**329 952-6640**

Daytime Phone #

CR2E034 (10/00)