

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S39294

1. Entity Name

CORPORATE ELECTRIC SERVICES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90486 016 ***150.00

Principal Place of Business

4962 N PINE AVE
WINTER PARK FL 32792
US

Mailing Address

P O BOX 720818
ORLANDO FL 32872-0818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3058425

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAIGHT, GARY R., II
10356 LITTLE ECON ST
ORLANDO FL 32825

Name

GARY R. HAIGHT II

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

707 CEDARWOOD COURT

City

ORLANDO

FL

Zip Code

32828

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. 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, 2000 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	PT	<input type="checkbox"/> Delete
NAME	HAIGHT, GARY R II	
STREET ADDRESS	10356 LITTLE ECON ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HAIGHT, KIMBERLY K.	
STREET ADDRESS	10356 LITTLE ECON ST	
CITY-ST-ZIP	ORLANDO FL	
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		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	707 CEDARWOOD COURT
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	707 CEDARWOOD COURT
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY R. HAIGHT

Date

4/24/00

Daytime Phone #

407-677-4080

CR2E034 (9/99)