

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S43694

1. Entity Name

ARGON ELECTRIC INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90235 005 ***150.00

Principal Place of Business

~~624 S. EVERS ST.~~
~~PLANT CITY FL 33566~~
~~US~~

Mailing Address

~~624 S EVERS STREET~~
~~PLANT CITY FL 33564-3478~~
~~US~~

2. Principal Place of Business

704 S. EVERS ST.

3. Mailing Address

PO BOX 3478

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY

City & State

PLANT CITY

4. FEI Number

59-3062294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLENN, DALE E.
2785 GOLF LAKE DR
PLANT CITY FL 33567

7. Name and Address of New Registered Agent

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

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

TITLE P ☐ Delete
NAME GLENN, DALE E.
STREET ADDRESS 2785 GOLF LAKE DR
CITY-ST-ZIP PLANT CITY FL 33567

TITLE VP ☐ Delete
NAME GOODWIN, EDWARD
STREET ADDRESS 4202 MCGEE RD.
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 and all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)