## 2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # S99219  1. Entity Name					FILED Feb 14, 2000 8:00 am			
R. L. SA	WYER ELECTRIC CORP.			Se	ecretary 2-14-2000 9017	of Sta	te	
Principal Plac	e of Business	Mailing Address	<del></del>					
27 PENNOCK LN SUITE 101 JUPITER FL 33458		27 PENNOCK LN SUITE 101 JUPITER FL 33458-4080			(818 1818 (388) 1818 <b>(8</b> 18)	eleki bibli bibli bibli el	en algu legi	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	N THIS SPACE		
City & State		City & State		4. FEI Number	65-0306104		pplied For lot Applicable	
Zip-	- Country-	-Zip	-Country - ↑ .:.	5. Certificate of	Status Desired	□ ** <b>\$8.75</b> *Ad Fee Require	iditional ed	
	6. Name and Address of Current	Registered Agent		7. Name and A	dress of New Regi	stered Agent	<del></del>	
SAWYER, RICHARD L. 27 PENNOCK LN SUITE 101			Name Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	TER FL 33458		City			FL Zip Coo	 de	
8. The above	named entity submits this statement fo		egistered office or regis		in the State of Florida	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 \$15  After MAY 1, 2000 Fee will be Make Check Payable to Department			FEE IS \$150.00 Fee will be \$550.00	10. Electi	on Campaign Financ Fund Contribution.		DO May Be ed to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CI	HANGES TO OFFICE	RS AND DIRECTOR	N 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWYER, RICHARD L. 27 PENNOCK LN STE 101 JUPITER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	V NGUYEN, SON 3611 LIGHTHOUSE DR PALM BCH GDNS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, ROBERT A 2100 S.E. RANCH ROAD JUPITER FL 33478	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	-1.,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Change		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. , .	-	☐ Change	□ <b>*</b> .::""	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, v	strue and accurate and that my owered to execute this report a	/ signature shall have th	ne same legal effect a 307, Florida Statutes;	is if made under oath and that my name ap	i: inat i am an office	r or alrector	

2/8/00 561-746-1793
\*\*Date Daytime Phone #