## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # V00620** Mar 17, 2000 8:00 am 1. Entity Name **Secretary of State** SOUTH BAY ELECTRIC CO. 03-17-2000 90023 027 \*\*\*150.00 Mailing Address Principal Place of Business 105 - 21ST STREET N.W. 105 - 21ST STREET N.W. RUSKIN FL 33570-2913 RUSKIN FL 33570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3099457 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent \_Name\_ BABUKA, BEVERLY R. Street Address (P.O. Box Number is Not Acceptable) 105 - 21ST STREET N.W. RUSKIN FL 33570 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PVT** Addition ☐ Delete TITLE TITLE BABUKA, BEVERLY R. NAME NAME STREET ADDRESS 105 21ST ST N.W. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **RUSKIN FL** ☐ Addition ☐ Delete ☐ Change TITLE TITLE BABUKA, BEVERLY R. NAME NAME 105 21ST ST N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RUSKIN FL ☐ Change — ☐ Addition SD □ Delete. TITLE\_ TITLE. BABUKA, JOHN C. NAME NAME STREET ADDRESS 105 21ST ST. N.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RUSKIN FL** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 of the property of the prope

SIGNATURE: JOHN C. BABUKA 3/14/00 813-645-8985