

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90394 010 \*\*\*550.00

**DOCUMENT # V23383**

1. Entity Name

MANAGEMENT SYSTEMS ELECTRIC, INC.

Principal Place of Business

861 OLD KNIGHT RD  
 STE 114  
 KNIGHTDALE NC 27545  
 US

Mailing Address

861 OLD KNIGHT RD  
 STE 114  
 KNIGHTDALE NC 27545  
 US

2. Principal Place of Business

725 BETHLEHEM ROAD

Suite, Apt. #, etc.

3. Mailing Address

725 BETHLEHEM ROAD

Suite, Apt. #, etc.

City & State

KNIGHTDALE, NC

Zip

27545

Country

USA

City & State

KNIGHTDALE, NC

Zip

27545

Country

USA

4. FEI Number

59-3116122

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CAPPS, LEWIS B  
 23 E. NIGHTINGALE ST.  
 APOPKA FL 32712

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, 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	P	<input type="checkbox"/> Delete
NAME	CAPPS, LEWIS B SR.	
STREET ADDRESS	861 OLD KNIGHT ROAD	
CITY-ST-ZIP	KNIGHTDALE NC 27545	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBINSON, MORRIS L	
STREET ADDRESS	3705 SHADOW RIDGE RD	
CITY-ST-ZIP	WILSON NC 27896	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEARES, CATHERINE L	
STREET ADDRESS	11096 BUFFALO ROAD	
CITY-ST-ZIP	CLAYTON NC 27520	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PASCHALL, ROBIN M	
STREET ADDRESS	817 LAKE BRANDON TRAIL	
CITY-ST-ZIP	RALEIGH NC 27610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

CATHERINE L. MEARES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/01

Date

(919) 266-8030

Daytime Phone #

CR2E034 (10/00)