

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V52635

1. Entity Name

MINORITY ELECTRICAL SPECIALIST ASSOCIATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90019 006 ***158.75

Principal Place of Business

Mailing Address

P O BOX 1837
FORT WALTON BEACH FL 32549-0850
US

P O BOX 1837
FORT WALTON BEACH FL 32549-1837
US

2. Principal Place of Business

3. Mailing Address

1793 F.I.M. Blvd.

1793 F.I.M. Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

4. FEI Number

59-3172146

Applied For

Not Applicable

Zip

Country

Zip

Country

32547

USA

32547

USA

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

CARL T. HAMILTON, SR.
1090 N. BEAL PARKWAY
FT. WALTON BCH FL 32547

Name

CARL T. HAMILTON, SR.

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

City

1793 F.I.M. Blvd.
Fort Walton Beach

FL

Zip Code

32547

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 PD
NAME CARL T. HAMILTON, SR.
STREET ADDRESS 1090 N. BEAL PARKWAY
CITY-ST-ZIP FT. WALTON BCH FL ☐ Delete

TITLE PD
NAME CARL T. HAMILTON SR.
STREET ADDRESS 1793 F.I.M. Blvd.
CITY-ST-ZIP Fort Walton Beach, FL 32547 ☒ Change ☐ Addition

TITLE VPD
NAME GENEVIEVE W. HAMILTON
STREET ADDRESS 1090 N. BEAL PARKWAY
CITY-ST-ZIP FT. WALTON BCH FL ☐ Delete

TITLE VPD
NAME GENEVIEVE W. HAMILTON
STREET ADDRESS 1793 F.I.M. Blvd.
CITY-ST-ZIP Fort Walton Beach, FL 32547 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

CARL T. HAMILTON, SR.

4-3-00 (850) 864-3071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #