

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V65229

1. Entity Name

GREGG ELECTRIC CORPORATION

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90120 005 \*\*\*150.00

Principal Place of Business

18316 BRIGGETT AVENUE  
PORT CHARLOTTE FL 33948

Mailing Address

18316 BRIGGETT AVENUE  
PORT CHARLOTTE FL 33948-8905

2. Principal Place of Business

18350 Paulson Drive

3. Mailing Address

Same

Suite, Apt. #, etc.

Unit A1-2

Suite, Apt. #, etc.

City & State

Port Charlotte, FL.

City & State

Zip

33954

Country

Charlotte

Country

4. FEI Number

65-0358545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, GREGG  
18316 BRIGGETT AVENUE  
PORT CHARLOTTE FL 33948

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	D	<input type="checkbox"/> Delete
NAME	BROWN, GREGG	
STREET ADDRESS	18316 BRIGGETT AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara L. Brown	
STREET ADDRESS	18316 Briggatt Avenue	
CITY-ST-ZIP	Port Charlotte, FL. 33948	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Megan L. Brown	
STREET ADDRESS	18316 Briggatt Avenue	
CITY-ST-ZIP	Port Charlotte, FL. 33948	
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
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 another like empowered.

SIGNATURE:

*Gregg D. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

(941) 764-6565

Daytime Phone #

CR2E034 (9/99)