

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V68089**

1. Entity Name

**Standley Electric Inc**

Principal Place of Business

Mailing Address

**Rt 2 Box 447  
Lloyd FL 32311**

**Wille Rd - Hwy 59**

2. Principal Place of Business

3. Mailing Address

**SAME**

**P.O. Box 37055**

City & State

City & State

**Tallahassee FL**

Zip

Country

Zip

Country

4. FEI Number

**59-3144039**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**FILED**

**00 MAY 23 PM 1:49**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

6. Name and Address of Current Registered Agent

**William O Standley Jr  
Rt 2 Box 447  
Lloyd FL 32311**

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. ☐

**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          | <b>President</b>              | <input type="checkbox"/> Delete |
| NAME           | <b>William O Standley Jr</b>  |                                 |
| STREET ADDRESS | <b>Rt 2 Box 447</b>           |                                 |
| CITY-ST-ZIP    | <b>Lloyd FL 32311</b>         |                                 |
| TITLE          | <b>V. President</b>           | <input type="checkbox"/> Delete |
| NAME           | <b>William O Standley III</b> |                                 |
| STREET ADDRESS | <b>Rt 2 Box 447</b>           |                                 |
| CITY-ST-ZIP    | <b>Lloyd FL 32311</b>         |                                 |
| TITLE          | <b>Sec Treas</b>              | <input type="checkbox"/> Delete |
| NAME           | <b>Susan R Standley</b>       |                                 |
| STREET ADDRESS | <b>Rt 2 Box 447</b>           |                                 |
| CITY-ST-ZIP    | <b>Lloyd FL 32311</b>         |                                 |
| 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          |  | <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    |  |   |
| 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    |  |   |

**100003286381--2  
-06/13/00--01023--010  
\*\*\*550.00 \*\*\*550.00**

**LS**

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:

**William O Standley Jr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-23-00 850997-2428**

Date

Daytime Phone #

CR2E034 (9/99)