

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002010

1. Entity Name

STURGEON ELECTRIC COMPANY, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90055 003 ***150.00

Principal Place of Business

12150 E. 112TH AVE.
HENDERSON CO 80640

Mailing Address

12150 E. 112TH AVE.
HENDERSON CO 80640-9116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-0681206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	CP	<input type="checkbox"/> Delete
NAME	BRENNAN, CHARLES M III	
STREET ADDRESS	1701 W. GOLF RD., TOWER 3, STE. 1012	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NELSON, BYRON D	
STREET ADDRESS	1701 W. GOLF RD., TOWER 3, STE. 1012	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOERTNER, WILLIAM A	
STREET ADDRESS	1701 W GOLF RD, TOWER 3, STE 1012	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CASSETTA, STEPHEN K	
STREET ADDRESS	1701 W GOLF RD, TOWER 3, STE 1012	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL F. KNAPP	
STREET ADDRESS	1701 W. GOLF RD, STE 1012	
CITY-ST-ZIP	ROLLING MEADOWS, IL 60008	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)