

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90002 005 ***150.00

DOCUMENT # P93000031174

1. Entity Name
A-1 ELECTRIC OF HERNANDO, INC.

Principal Place of Business
 18855 SAKORA RD
 HUDSON FL 34667
 US

Mailing Address
 18855 SAKORA RD
 HUDSON FL 34667-6372
 US

2. Principal Place of Business
 10141 Old Hickory Ln

3. Mailing Address
 PO Box 15061

Suite, Apt. #, etc.

City & State
 Port Richey FL

City & State
 Brooksville FL

4. FEI Number
 59-3193372

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEWIS, KENNETH L
 18855 SAKORA RD
 HUDSON FL 34667

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 P	LEWIS, KENNETH L 18855 SAKORA RD HUDSON FL 34667	TITLE P	LEWIS, KENNETH L 10141 Old Hickory Ln Port Richey FL 34668
TITLE VP	DE ANGELIS, VINCENT 18855 SAKORA RD HUDSON FL 34667	TITLE VP	DE ANGELIS, VINCENT 18716 Montauck Dr Spring Hill FL 34640
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	

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: *Vincent DeAngelis* Vincent DeAngelis via. Pres 1-28-00 727-869-3993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE