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APPLICATION

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2020 APR 22 AM 9:56

CK# 7623
\$ 500.⁰⁰
4-16-20
Rn

This is an application for (check one):

Original certificate (new company)

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate rather than apply for a new certificate.

COMMISSION

Dkt 20200140

Please provide the following:

1. Full name of company, including fictitious name(s), that must match identically with name(s) on file with the Florida Department of State, Division of Corporations registration:

Stanley Utility Contractor

2. The Florida Secretary of State corporate registration number:

3. F.E.I. Number: 20-0682094

4. Structure of organization:

The company will be operating as a:
(Check all that apply):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other, please specify below: |

If a partnership, provide a copy of the partnership agreement.

If a foreign limited partnership, proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS). The Florida registration number is: _____

5. Who will serve as point of contact to the Commission in regard to the following?

(a) This application:

Name: Aasim Ahmad
Title: Head of Strategy
Street Address: 586 Muskegan Court
Post Office Box: _____
City: Vernon Hills
State: Illinois
Zip: 60061
Telephone No.: 530-254-9061
Fax No.: _____
E-Mail Address: aasim@copilotnet.com

(b) Ongoing operations of the company:

(This company liaison will be the point of contact for FPSC correspondence. This point of contact can be updated if a change is necessary but this must be completed at the time the application is filed).

Name: Michael Stanley
Title: Owner
Street Address: 5790 Hoffner Avenue suite 505
Post Office Box: _____
City: Orlando
State: Florida
Zip: 32822
Telephone No.: 256-541-3954
Fax No.: _____
E-Mail Address: mstanley@stanleyutility.com
Company Homepage: stanleyutility.com

(c) Optional secondary point of contact or liaison:

(This point of contact will not receive FPSC correspondence but will be on file with the FPSC).

Name: _____
Title: _____
Street Address: _____
Post Office Box: _____
City: _____
State: _____
Zip: _____
Telephone No.: _____
Fax No.: _____
E-Mail Address: _____