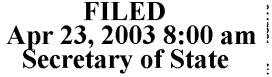
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 529570 **DOCUMENT #** 1. Entity Name F & L ELECTRIC COMPANY, INC.



04-23-2003 90057 029 ***158.75

Principal Place of Business 2305 COLLEGE AVE E PO BOX 1957 RUSKIN FL 33570			Mailing Address 2305 COLLEGE AVE E PO BOX 1957 RUSKIN FL 33570									
2. Principal P	Place of Busin	ness	3. Mailing Address					- : 194191 GIVIO SIERO FISIKI OKIN LOBRI ORNI BIBIN OTON OTON OTON ENINK LODI				
Suite, Apt.	#, etc.	,	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City	& State			. 4. i	FEI Number 59-1736056		———	oplied For	
Zip Country			Zip		Count	Country		Certificate of Status Desired		8.75 Add	ditional	
	6. Name	and Address of Current	<u>l</u> Registere	ed Agent.			7. 1	Name and Address of New Re				
						Name		•				
FOUTS, CHARLES			Street Ac				fress (P.O. Box Number is Not Acceptable)					
1407 DEIF												
Ruskin F	·L 335/U									T		
						City			FL	Zip Cod	le	
			r the purp	ose of changing its	registere	d office or re	egistered ag	ent, or both, in the State of Flor	ida. Lam f	amiliar with,	and accept	
the obligat	tions of regis	tered agent.										
SIGNATURE .	Cianatura turas	or printed name of registered agent a	and title if any	Modela (NOT)	E: Bagistarac	Acent pignature	required when re	einstating)	DATE	-	}	
			and title a app	T	L. Hogisterec	Agent signature		on statung)	57112			
		!! FEE IS \$150.00		 				9. Election Campaign Fina)0 May Be	
		03 Fee will be \$550.00 o Florida Department of	State					Trust Fund Contribution	. L	Adde	d to Fees	
10.		OFFICERS AND		i DRS	11.		AC	L DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE	PD -			☐ Delete	TITLE				-	Change	Addition	
NAME	FOUTS, C				NAME	<u>:</u>						
STREET ADDRESS		rdre drive				ET ADDRESS						
CITY-ST-ZIP	RUSKIN F	·L			CITY-	ST-ZIP						
TITLE	ST			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	LYNCH, T				NAME							
STREET ADDRESS		LAS ON THE GREEN				ET ADDRESS					4	
CITY-ST-ZIP.	HIVERVIE	W-FL			€CIIY:	ST-ZIP						
TITLE	۱۷	A COLUET INTE		Delete	TITLE	1				☐ Change	Addition :	
NAME		ACQUELINE			NAME	ET ADDRESS	,					
STREET ADDRESS CITY-ST-ZIP	RIVERVIE	LAS ON THE GREEN				ST-ZIP		-				
		// FL			_	+		m i		Change	- Addition	
TITLE	V Fouts, k	TM		☐ Delete	TITLE NAME					☐ Change	Addition	
NAME STREET ADDRESS	1407 DEIF					T ADDRESS						
CITY-ST-ZIP	RUSKIN F					ST-ZIP					-	
TITLE				☐ Delete	TITLE					Change	☐ Addition	
NAME					NAME	I				_ •		
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP					CITY-	ST-ZIP						
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NAME					NAME	: [
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP	I				CITY-	ST-ZIP					1	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: