## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 13, 2001 8:00 am Secretary of State **DOCUMENT # J32300** 1. Entity Name ELECTRICAL PRODUCTS SALES CORP. 01-13-2001 90006 035 \*\*\*158.75 Principal Place of Business Mailing Address % PHILIP J. KANDELL % PHILIP J. KANDELL 1333 S.W. 30TH AVE. 1333 S.W. 30TH AVE. 00002765 DEERFIELD BCH. FL 33442 DEERFIELD BCH. FL 33442 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-1456211 Not Applicable \$8:75 Additional-Ζíp̄ Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KANDELL, PHILIP J. Street Address (P.O. Box Number is Not Acceptable) 1333 S.W. 30TH AVE. DEERFIELD BCH. FL 33442 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Change ☐ Addition ☐ Oelete TITLE TITLE NAME KANDELL, PHILIP J. NAME STREET ADDRESS STREET ADDRESS 1333 S.W. 30TH AVE. CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH. FL ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: PK