2002 UNIFORM BUSINESS REPORT (UBR)

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Mar 11, 2002 8:00 am Secretary of State J79611 DOCUMENT # 1. Entity Name 03-11-2002 90033 041 ***150.00 BLOUGH ELECTRIC, INC. Principal Place of Business Mailing Address TRAWICK, HENRY P., P.A. 2530 12TH ST PO BOX 4019 SARASOTA FL 34237 SARASOTA FL 34230 3. Mailing Address 2. Principal Place of Business P.O. BOX 4009 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2823519 SARASOTA, FLORIDA Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired USA Fee Required 34230 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name William L. Blough Street Address (P.O. Box Number is Not Acceptable) 2530 12th Street BLOUGH, WILLIAM L PO BOX 4009 SARASOTA FL 34230 ^{City} Sarasota nging its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of d 2-25-02 OTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 49. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 12. **11**, ☐ Delete TITLE Change PSTD TITLE BLOUGH, WILLIAM L. NAME NAME STREET ADDRESS 2530 12TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change ☐ Addition Delete TITLE DVS NAME NAME Blough, Edith N. STREET ADDRESS STREET ADDRESS 2530 12TH ST. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Addition Change ☐ Delete 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-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete 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 squature 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 trajuired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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