2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am **DOCUMENT # L64815** Secretary of State 1. Entity Name THOMAS E. RICHMOND ELECTRIC, INC. 02-13-2001 90581 014 ***158.75 Mailing Address Principal Place of Business 3086 ENTERPRISE RD 3086 ENTERPRISE RD FT. PIERCE FL 34982 FT. PIERCE FL 34982 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0182447 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHMOND, THOMAS E. Street Address (P.O. Box Number is Not Acceptable) 2717 S. 19TH ST. FT. PIERCE FL 34982 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00> 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. OFFICERS AND DIRECTORS X Addition Change PD TITLE Delete Waldron Sharon TITLE RICHMOND, THOMAS E. NAME NAME 6869 NW Dragon St STREET ADDRESS STREET ADDRESS 2717 S. 19TH ST. Port St Lucie F1 34983 CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL Change **☆** Addition TITLE ☐ Delete Richmond, Melissa S. RICHMOND, CHRISTOPHER W. NAME 2717 S 19th Street STREET ADDRESS STREET ADDRESS 608 DARK HAMMOCK RD Ft five F1 34982 CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL ☐ Change ☐ Addition TITLE DST ☐ Delete TITLE RICHMOND, JACKIE B. NAME NAME STREET ADDRESS STREET ADDRESS 2717 S. 19TH ST. CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL ☐ Addition ☐ Delete TITLE TITLE Richmond Thomas E II RICHMOND, THOMAS E II NAME NAME 914 Delaware Avenue F1 five F1 34950 STREET ADDRESS STREET ADDRESS 3726 ST BENEDICT RD CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL ☐ Addition Leach, Nicole Richmond 2717, 5 19th St Change TITLE □ Delete RICHMOND, M NICOLE NAME NAME STREET ADDRESS STREET ADDRESS 2717 S 19TH ST Fliera Fl 34982 CITY-ST-7IP CITY-ST-ZIP FT PIERCE FL X Change ☐ Addition ☐ Delete TITLE TITLE Kimmelman, Stephanie R. 6032 NN Relief Court KIMMELMAN, STEPHANIE R NAME NAME STREET ADDRESS 2717 S. 19TH ST. STREET ADDRESS CITY-ST-ZIP Port St Lucie

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:

FT PIERCE FL 34982