2003 FOR PROFIT CORPORATION

Apr 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000012869 **DOCUMENT #** 04-17-2003 90176 006 ***150.00 1. Entity Name MORE ELECTRIC, INC. Mailing Address P.O. BOX 530651 Principal Place of Business 385 41ST AVE. ST. PETE BEACH FL 33706 ST. PETERSBURG FL 33747 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 75 - 303 231 S City & State Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent MORE, EDWARD J JR Street Address (P.O. Box Number is Not Acceptable) 1109 PINELLAS BAYWAY S, #101 TIERA VERDE FL 33715 1082 Gulfport 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) $^{\mathrm{G}}$ FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition Edward I More More, Edward J Jr NAME NAME 5801 23rd Ave Sorth 1109 PINELLAS BAYWAY S, #101 STREET ADDRESS STREET ADDRESS TIERA VERDE FL 33715 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change · TITL F TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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changed, or on an attachment with an address, with all other like empowered