2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000031365 **DOCUMENT #**

1. Entity Name



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90141 023 ***150.00

ALL CO	UNITY ELECTRIC, INC.					
Principal Place of Business 730 HICKORY LANE PALM HARBOR FL 34681		Mailing Address 730 HICKORY LANE PALM HARBOR FL 34681				
2. Principal	Place of Business	3. Mailing Address	7.8			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	G CHANGES	
City & State		City & State		4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8:75 Additional	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered		
BENNETT, SCOTT J			Name	Name		
	KORY LANE ARBOR FL 34681		Street Addre	ss (P.O. Box Number is Not Acceptable)		
	A second		City	FL	Zip Code	
SIGNATURE	e named entity submits this statement fittins of registered agent. Signature, typed or printed name of registered agent.		s registered office or regis	stered agent, or both, in the State of Florida. I am uired when reinstating) DATE	familiar with, and accept	
Afte Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, SCOTT J 730 HICKORY LANE PALM HARBOR FL 34681	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <