## **2003 FOR PROFIT CORPORATION**

## Feb 25, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P02000071833 DOCUMENT # 1. Entity Name 02-25-2003 90432 001 \*\*\*300.00 CENTRAL FLORIDA ELECTRIC, INC. Principal Place of Business Mailing Address 402 BIF COURT 402 BIF COURT ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business Mailing Address PO <u>60x</u> 8 Suite, Apt. #, etc. Suite Apt #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For land 02-0d Not Applicable Zip 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 Name YOVAISH, DARWIN J JR. Street Address (P.O. Box Number is Not Acceptable) 6610 THE LANDINGS DRIVE **ORLANDO, FL 32812** 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. I am familiar with, and accept the obligations of registered agen SIGNATURE (NOTE: Registered FILE NOW!!! BEE 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE President ☐ Delete TITLE X Addition NAME Darwin J. Youlish JR NAME STREET ADDRESS The Landings Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando FL ☐ 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 TITLE ☐ 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. Thereby 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 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 SIGNATURE THE AND TYPES OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR