

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

70035259

DOCUMENT # P02000120394 1. Entity Name R.J. ALLEN ELECTRIC COMPANY		
Principal Place of Business 7615 CEDAR HURST CT. LAKE WORTH, FL 33467		Mailing Address 7615 CEDAR HURST CT. LAKE WORTH, FL 33467
2. Principal Place of Business 624 N.W. Palm St. Suite, Apt. #, etc.		3. Mailing Address 1030a S. Federal Hwy Suite, Apt. #, etc. PMB 198
City & State Stuart, FL Zip 34994		City & State Port Saint Lucie Zip 34952
Country U.S.		Country U.S.
4. FEI Number 14-1861037		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JANOWIAK, ROBERT A SR. 4386 LEISURE LAKES DR. CHIPLEY, FL 32428		7. Name and Address of New Registered Agent Name Robert A. JANOWIAK Street Address (P.O. Box Number Is Not Acceptable) 624 N.W. Palm St City Stuart FL Zip Code 34994
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. SIGNATURE Robert Janowiak Pres. Robert JANOWIAK DATE 4-1-2003 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when submitting)</small>		
FILE NOW!!! FEES IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Robert Janowiak Pres. Robert JANOWIAK DATE 4-1-2003 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)