

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90212 001 ***150.00
01-29-2003 90212 002 *****8.75

DOCUMENT # P 02 000128836

1. Entity Name

Bates Electrical Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1136 Scypher St. N.E.

Suite, Apt. #, etc.

3. Mailing Address

1136 Scypher St. N.E.

Suite, Apt. #, etc.

City & State

Palm Bay FL.

Zip

32905

Country

U.S.A

City & State

Palm Bay FL.

Zip

32905

Country

U.S.A

4. FEI Number

56-2306471

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Marisela Y. Garcia

Street Address (P.O. Box Number is Not Acceptable)

1136 Scypher St. N.E.

City

Palm Bay

FL

Zip Code

32905

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/15/02

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/VP/S/T Marisela Y. Garcia 1136 Scypher St. N.E. Palm Bay FL 32905
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/03

(391) 795-8200

Date

Daytime Phone #