2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P95000076389 Mar 17, 2000 8:00 am Secretary of State J. T. E. ELECTRIC, INC. 03-17-2000 90053 001 ***150.00 03-17-2000 90053 002 *****8.75 Principal Place of Business Mailing Address 6633 HARTLAND ST 6633 HARTLAND ST FT MYERS FL 33912 FT MYERS FL 33912-1231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0611648 Not Applicable Ζìρ Country 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 EDWARDS, LARRY J Street Address (P.O. Box Number is Not Acceptable) 6633 HARTLAND ST FT MYERS FL 33912 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Р ☐ Change TITLE Addition TITLE ☐ Delete EDWARDS, LARRY J NAME NAME STREET ADDRESS STREET ADDRESS 6633 HARTLAND ST CITY-ST-7IP FT MYERS FL 33912 CITY-ST-ZIP TITLE ☐ Delete TITLE Change **Addition** NAME Edwards, Tracy 6633 Hartlandst. NAME Edwards, Tracu STREET ADDRESS STREET ADDRESS 6633 Hartland St CITY-ST-ZIP CITY-ST-ZIP Ft Myens, FL 33912 F+ MULRS, FL 33910 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME TARE ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP l 🔲 Delete TITLE Change ☐ Addition NAME -_: ADDSESS STREET ADDRESS CITY-ST-ZIP ST-ZIP 🗀 Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-7IB ST-ZIP Change ☐ Addition 🔲 Delete TITLE NAME ADDRESS. STREET ADDRESS ST-ZIP CITY-ST-ZIP 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 11 or Block 12 if

changed, or on an attachment with an address