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

## **DOCUMENT#**

P98000033497

1. Entity Name K&K ELECTRIC, INC.



## **FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90016 044 \*\*\*150.00

				COO WE THE	1				
Principal Place 2517 COUNTR SANFORD FL	Y CLUB ROAD	Mailing Address 2517 COUNTRY CLUB ROAD SANFORD FL 32771							
2. Principal Pl	ace of Business	3. Mailing Address				1881  881  18   1819   1811   581  1 781  1 881  1 881  8		01() 101(101)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State		<b>4.</b> FE	4. FEI Number 59-3511522 Applied For Not Applicable				
Zip	Country Zip		Countr		<b>5.</b> C	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent			7. N	ame and Address of New Registered /	Agent		
	· · · · · · · · · · · · · · · · · · ·	د مدانید این بهمهمینی <u>ت میدارد مین بیشنی</u>		Name	-				
,'-	DELLATORRE MORE POINT		Street Addre		s (P.O. Box Number is Not Acceptable)				
	MONE POINT OD FL 32779								
LONGWO	OD TE SELLIS		City			FL	Zip Code	8	
the obligati ۔ SIGNATURE ۔	signature, typed or printed name of registered agent	leton 1	Preorder	ed Agent signature requ	<u>.                                    </u>	nt, or both, in the State of Florida. I am	3	<b>0</b> May Be	
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department					Trust Fund Contribution.		to Fees	
10.	OFFICERS AND		11.		ADD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D DELLATORRE, THOMAS 2096 BILTMORE POINT LONGWOOD FL 32779	LLATORRE, THOMAS 96 BILTMORE POINT		E HE EET ADDRESS (-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete FERRARA, CHRISTOPHER 2732 TOLWORTH AVE		NAM STR				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	□ Dele	NAM STR	<del>-</del> i	~ <del>~</del> , · °	The same of the sa	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dela	NAM STR		web -		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dele	NAN STR	i i			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dele	ele Titl NAM Str	E		A	☐ Change	Addition	
12. I hereby of indicated of the core	lan this report or cumplemental resource	15 true and accurate an powered to execute this	nd that my signa s report as requ	ature shall have t	ne same 🛚	119.07(3)(i), Florida Statutes. I further ce egal effect as if made under oath; that I da Statutes; and that my name appears	ani an oncer	or director i	

SIGNATURE: