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

Apr 14, 2003 8:00 am Secretary of State

DOCUMENT # P99000043746 1. Entity Name					04-14-2003 90222 008 ***150.00			
LOW V	OLTAGE SPECIALTIES, I	NC.		$\sqrt{}$				
	DO NOT WRITE	IN THIS SP	ACE					
			<u> </u>	<u>, ;</u>				
2. Principal Place of Business 829 Bay Point Drive		3. Mailing Address 829 Bay Point Drive					,	
Suite, Apt.		Suite, Apt. #, etc.	DIIVE		DO NOT WR	ITE IN THIS SPA	CE	
City & State Madeira		City & State Madeira Beach	, FL		Number 1–3583263		Applie Not A	ed For pplicable
Zip 33708	Country USA	Zip 33708	Country USA		ificate of Status Desired	Fee	.75 Additio Required	nal
		ہ ان جائی کا اسلامی نے انہوں	Name	7. Name	and Address of Curren	Registered Ag	ent	
	DO NOT WI	V .	O'C Street	Connor Pat Address (P.O. Box Connor & As	rick M. Esqui Number is Not Acceptabl Sociates	re e)		
		ACE	224	0 Belleair	Road, Suite	160		
				earwater		FL	Zin Code 4	
8 The above	named entity submits this statement for	the purpose of changing its r	registered office (or registered agent	or both, in the State of FI		33704	
SIGNATURE .								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent sign	ature required when reinsta	iting)	DATE		
9. This corpo	Signature. typed or printed name of registered agent a praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	January 1 - Ma After May 1 Amended	ay 1 Fee is \$1. 1, Fee is \$550.0 UBR is \$61.25	50.00 00	10. Election Campaign Fi Trust Fund Contribution	nancing	\$5.00 in Added to	
9. This corpo	oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - Ma After May 1 Amended Make Check Payabl	ay 1 Fee is \$1. 1, Fee is \$550.0 UBR is \$61.25	50.00 00	10. Election Campaign Fi	nancing		
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13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ligia L. Sambuco, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

727/319-4401