2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
05-07-2001 90045 018 ***150.00

DOCUMENT # P99000111716

1. Entity Name
SCOTT'S QUALITY ELECTRIC INC.

B0049433

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2105 PALM BLVD PORT ST JOE FL 32456	~~2105 PALM BLVD~~ ~~PORT ST JOE FL 32456~~ 105 WESTCOTT CIRCLE P

2. Principal Place of Business	3. Mailing Address
105 WESTCOTT CIRCLE	105 WESTCOTT CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. JOE, FL	City & State: PORT ST. JOE, FL
Zip: 32456 Country: USA	Zip: 32456 Country: USA

4. FEI Number 59-3614231 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NORRIS, STEPHEN K
105 WESTCOTT CIRCLE
PORT ST JOE FL 32456

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 Stephen K. Norris STEPHEN K. NORRIS, V. PRESIDENT 4-26-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT SCOTT T. GODWIN 2105 PALM BLVD. PORT. ST. JOE, FL 32456 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT STEPHEN K. NORRIS 105 WESTCOTT CIRCLE PORT ST. JOE, FL. 32456 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen K. Norris, STEPHEN K. NORRIS 4-27-01 (850) 227-2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #