2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 704675

Apr 30, 2003 Secretary of State

Entity Name: ELECTRICAL COUNCIL OF FLORIDA, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 4509 GEORGE ROAD 6107-B MEMORIAL HWY TAMPA, FL 33634 TAMPA, FL 33615 **Current Mailing Address: New Mailing Address:** 4509 GEORGE ROAD 6107-B MEMORIAL HWY TAMPA, FL 33634 TAMPA, FL 33615 FEI Number: 59-1154660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GANG, NENA GANG, NENA 4509 GEORGE ROAD 6107-B MEMORIAL HWY TAMPA, FL 33634 TAMPA, FL 33615 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: 04/30/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PPD () Change () Addition () Delete APPLER, DAVE Name: Name: Address: 400 SW 2ND AVE. Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: HUNTOON, DAVE Name: Address: 1871 OLD OKEECHOBEE RD Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: Title: () Delete Title: PPD (X) Change () Addition PETERSON, WILLIAM Name: PETERSON, WILLIAM Name: 521 W CENTRAL BLVD Address: Address: 521 W CENTRAL BLVD City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801 Title: PPD () Delete Title: () Change () Addition Name: CONE, JENNIFER Name: Address: 215 MAIN ST Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM PETERSON PPD 04/30/2003