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

May 01, 2003 8:00 am Secretary of State P99000072014 **DOCUMENT #** 05-01-2003 90384 041 \*\*\*150.00 1. Entity Name 4B ELECTRIC, INC. Principal Place of Business Mailing Address 1521 NORTH 73RD AVENUE 1521 NORTH 73RD AVENUE HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0942298 Not Applicable Zip Country 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 FORBEY, BRENDA C Street Address (P.O. Box Number is Not Acceptable) 1521 NORTH 73RD AVENUE HOLLYWOOD FL 33024 City 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. \*OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD ☐ Addition TITLE ☐ Delete TITLE FORBEY, BRENDA C NAME NAME 1521 NORTH 73RD AVENUE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME FORBEY, DONALD NAME STREET ADDRESS 1521 NORTH 73RD AVENUE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition FORBEY, KYLEN NAME NAME STREET ADDRESS 1521 NORTH 73RD AVENUE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP ☐ Oelete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

12. Thereby 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 10 or Block 11 if

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP