

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

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90133 004 ***150.00

0075374 AV

DOCUMENT # P02000025288
 1. Entity Name
 R.T.S. ELECTRIC, INC.



Principal Place of Business
 1260 SW 82ND TERR., APT. 221
 PLANTATION, FL 33324

Mailing Address
 1260 SW 82ND TERR., APT. 221
 PLANTATION, FL 33324

2. Principal Place of Business
 1331 S.W. 82 Ave
 Suite, Apt. #, etc. # 1914

3. Mailing Address
 Same

City & State
 Plantation FL

City & State

Zip 33324 Country Broward

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3649859 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 REAVES, BARRY E
 1260 SW 82ND TERR., APT. 221
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name Barry Reaves E
 Street Address (P.O. Box Number is Not Acceptable) 1331 S.W. 82 Ave # 1914
 City Plantation FL Zip Code 33324

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]* DATE 7-3-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
 After September 10, 2003 Fee will be \$750.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS REAVES, BARRY E 1260 SW 82ND TERR., APT. 221 PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1331 S.W. 82 Ave # 1914 Plantation FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAVES, BARRY E 1260 SW 82ND TERR., APT. 221 PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 7-3-03 DAYTIME PHONE # 954-257-9509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

Attachment

010147197

PO2000025288

To Whom it may concern.

I did not receive the
First mailing. I probably went
to the old address of
1260 S.W. 82 terr. # 221. The
Business new mailing address
is 1331 S.W. 82 Ave # 1914
Plantation Fl 33324.

Sincerely

Barry G. Moore