


# 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

<b>DOCUMENT #</b> 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

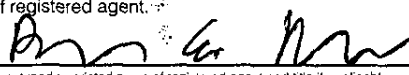


☐ CHECK HERE IF MAKING CHANGES

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

4. FEI Number 04-3648859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 	DATE 7-3-03

<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 10, 2003 Fee will be \$750.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: 	7-3-03	954-257-9509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (4/03)

Attachment

90147197

PO200025288

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