FILED

23_January_2001_

2004 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with attorner like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 01, 2001 8:00 am DOCUMENT # 363157 **Secretary of State** TOTAL ELECTRIC, INC. 02-01-2001 90159 047 ***158.75 Principal Place of Business Mailing Address 10412 NO PALAFOX ST 10412 NO PALAFOX ST OLD PALAFOX HWY. OLD PALAFOX HWY. 00012304 PENSACOLA FL 32534-257 PENSACOLA FL 32534-257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1293050 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X 32534-1257 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u> Dewey Michael Johnson</u> JOHNSON, MARION W., JR. Street Address (P.O. Box Number is Not Acceptable) 10412 North Palafox Street 10412 PALAFOX HIGHWAY PENSACOLA FL 32514 Pensacola City Zip Code 32534-1257 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. Dewey Mighael Johnson 23 January 2001 d agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. X Change ☐ Addition X Delete TITLE P/VP/T/S TITLE JOHNSON, MARION W., JR. NAME NAME Johnson, Dewey Michael STREET ADORESS 10412 PALAFOX HIGHWAY STREET ADDRESS 10412 North Palafox Street CITY-ST-ZIP CITY - ST - ZIP PENSACOLA FL Pensacola, Fl 32534-1257 ☐ Addition ☐ Delete Change TITLE TITLE JOHNSON, DEWEY MICHAEL NAME NAME STREET ADDRESS 10412 PALAFOX HIGHWAY STREET ADDRESS CITY-ST-7IP CITY-ST-7IP PENSACOLA FL . ----- Change ☐.Addition TITLE~~ ☐ Delete TITLE - -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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