FILED

Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90098 006 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

377861 **DOCUMENT #**

1. Entity Name

Suite, Apt. #, etc.

YATES, PAUL E & KITTY

3546 HARBOR CIRCLE WINTER HAVEN FL 33881

the obligations of registered agent.

YATES, PAUL E

YATES, KITTY

YATES, KITTY

ST

3546 HARBOR CIRCLE

3546 HARBOR CIRCLE

3546 HARBOR CIRCLE

WINTER HAVEN FL

WINTER HAVEN FL

WINTER HAVEN FL

City & State

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

YATES ELECTRIC, INC.



Principal Place of Business STATE RD. 542W P.O. BOX 9332 WINTER HAVEN FL 33883 2. Principal Place of Business

Country

Mailing Address STATE RD. 542W

P.O. BOX 9332 WINTER HAVEN FL 33883 3. Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-1316823 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE CR2E034 (10/02) Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Defete TITLE

12. 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 10 or Block 11 if

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

☐ Change

☐ Addition