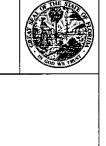
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

399970 **DOCUMENT#**

1. Entity Name

ACTIVE ELECTRIC, INCORPORATED



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90070 006 ***150.00

Principal Place 1316 SE 46TH CAPE CORAL	i Lane Fl 33904		1316 CAPE	Mailing Address 1316 SE 46TH LANE CAPE CORAL FL 33904								
2. Principal P	lace of Busine	958	3. Maili	3. Mailing Address				. (88)48 1(1)8 (81)8 (9)	, 1411 11 1 41 111 4511 4511			
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				El Number 59-140	00853	<u> </u>	plied For t Applicable	
Zip Country			Zip	Zip Coun			5. Certificate of Status Desired			S8.75 Additional Fee Required		
6. Name and Address of Current Registe				d Agent			7. N	7. Name and Address of New Registered Agent				
_ MAFT7KF	WERNER					Name						
	CHID BLVD						Street Address (P.O. Box Number is Not Acceptable)					
CAPE CORAL FL 33904												
									Fl	Zip Code	•	
	named entity	submits this statementered agent.	for the purpo	ose of changing its	registere	d office or re	egistered age	ent, or both, in the Sta	te of Florida. I am	familiar with,	and accept	
SIGNATURE	_	-										
	Signature, typed o	or printed name of registered ag	ent and title if appl	icable. (NOTE	: Registered	Agent signature	required when re	instating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Camp. Trust Fund Cor	-		May Be to Fees	
10.		OFFICERS AN	ND DIRECTOR	DIRECTORS 11.			AD	DITIONS/CHANGES	TO OFFICERS AN	D DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAETZKE, 4509 ORC CAPE COR	hid blvd.		☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAETZKE, 4509 ORC CAPE COR			Delete		T ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAETZKE, 4509 ORC CAPE COR	hid BLVD.		☐ Delete		T ADDRESS ST-ZIP	~ .	<u>.</u> .		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			☐ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP				☐ Change	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: