

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 404853

FILED
Apr 28, 2003
Secretary of State

Entity Name: WILSON-O'BRIEN ELECTRIC, INC

Current Principal Place of Business:

1712 NE 20TH ST
FT LAUD, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

1712 NE 20TH ST
FT LAUD, FL 33305 US

New Mailing Address:

FEI Number: 59-1407625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, THOMAS A
2306 NE 17 AVE
WILTON MANORS, FL 33305

Name and Address of New Registered Agent:

WILSON, THOMAS A PRES.
2306 NE 17 AVE
WILTON MANORS, FL 33305

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.

SIGNATURE: THOMAS A. WILSON

04/28/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, THOMAS A,
Address: 2306 NE 17 AVE
City-St-Zip: WILTON MANORS, FL 33305

Title: VD () Delete
Name: WILSON, MARIANNE,
Address: 2306 NE 17 AVE
City-St-Zip: WILTON MANORS, FL 33305

Title: STD () Delete
Name: CAPRIO, DAVID.,
Address: 1712 N.E. 20 ST.
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. WILSON

PD

04/28/2003

Electronic Signature of Signing Officer or Director

Date