## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Mar 03, 2003 8:00 am Secretary of State **DOCUMENT #** 415775 1. Entity Name 03-03-2003 90476 019 \*\*\*150.00 BEE-LINE ELECTRIC, INC. Principal Place of Business Mailing Address 8910 WOODSIDE COURT 8910 WOODSIDE COURT DAVIE FL 33328 DAVIE FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1742411 Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent GEIGER, JANET Street Address (P.O. Box Number is Not Acceptable) 8910 WOODSIDE CT DAVIE FL 33328 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE GEIGER, ROBERT H. NAME ☐ Change ☐ Addition NAME STREET ADDRESS 8910 WOODSIDE COURT STREET ADDRESS CITY-ST-ZIP DAVIE FL CITY-ST-ZIP TITI F ☐ Delete TITLE NAME ☐ Change ☐ Addition **GEIGER, JANET** NAME STREET ADDRESS 8910 WOODSIDE COURT STREET ADDRESS CITY-ST-ZIP DAVIE FL CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

**FILED**