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

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					Apr 04, 2003 8:00 am Secretary of State		0017673
DOCUMENT # 416155  1. Entity Name  EDGEWATER ELECTRIC, INC.					Secretary of State 04-04-2003 90155 008 ***150.00		
Principal Place of Busines 1902 ORANGE TREE DR EDGEWATER Ft 32141	Mailing Address 1902 ORANGE TREE DR EDGEWATER FL 32141	1902 ORANGE TREE DR					
2. Principal Place of Business		3. Mailing Address		. <del></del>			,
Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		····	4. FEI Number 59-1431128	Applied For Not Applicable	
Zip	Country	Zip Country		У		3.75 Additional e Required	ı
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name			
CLARK, JEFFERSON 500 CANAL STREET NEW SMYRNA BEACH FL 32168				Street Address (P.O. Box Number is Not Acceptable)			!
				City	FL	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 the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
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ীয়া 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 Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

**FILED** 

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Delete Addition NAME NAME TROUTNER, JOSEPH W. STREET ADDRESS STREET ADDRESS 1902 ORANGE TREE DRIVE CITY-ST-ZIP CITY-ST-ZIP EDGEWATER FL 32141 TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

CITY-ST-ZIP

SIGNATURE:

self W. Troutier RPree