2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State
01-24-2003 90038 041 ***150.00

DOCUMENT # 444400

1. Entity Name
GANT ELECTRIC, INC.

Principal Place of Business
23330 HARBORVIEW ROAD
CHARLOTTE HARBOR FL 33980
US

Mailing Address
23355 JANICE AVE.
CHARLOTTE HARBOR FL 33980

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 12653 S.W.C.R. 769
Suite, Apt. #, etc.: Unit E
City & State: Lake Suzy, FL 34269
Zip / Country

3. Mailing Address: 12653 S.W.C.R. 769
Suite, Apt. #, etc.: Unit E
City & State: Lake Suzy, FL 34269
Zip / Country

4. FEI Number 59-1571505 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MAPPES, KENNETH
~~23355 JANICE AVE.~~
~~CHARLOTTE HARBOR FL 33980~~
NEW ADDRESS

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
12653 S.W.C.R. 769, Unit E
City: Lake Suzy, FL **FL** Zip Code: 34269

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 Kenneth Mappes January 21, 2003
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
Make Check Payable to Florida Department of State

CK#4326

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAPPES, KENNETH 9305 SW LIPE RD ARCADIA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 SIGNATURE REQUIRED Kenneth Mappes January 21, 2003 941-629-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #