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

## May 01, 2003 8:00 am & Secretary of State 488745 DOCUMENT # 05-01-2003 90164 029 \*\*\*150.00 1. Entity Name R/S ELECTRIC, INC. Principal Place of Business 1301 29TH AVENUE W. Mailing Address 1301 29TH AVENUE W. **BRADENTON FL 34205-6935** BRADENTON FL 34205-6935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TI CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1638250 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REYNOLDS, JAMES Street Address (P.O. Box Number is Not Acceptable) 1301 29TH AVE. W. **BRADENTON FL** 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 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TITI F ☐ Change REYNOLDS, JAMES 1301 29TH AVE. W. NAME NAME STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE REYNOLDS, DARLENE W NAME NAME 1301 29TH AVE W STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-7IP TIT! F ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITI F ☐ Change NAME NAME

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 attag

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP