

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90643 005 ***150.00

DOCUMENT # 498689



1. Entity Name
ISLAND ELECTRIC, INC.

Principal Place of Business
**POST OFFICE BOX 332
OVERSEAS HIGHWAY # 1
ISLAMORADO FL 33036**

Mailing Address
**POST OFFICE BOX 332
OVERSEAS HIGHWAY # 1
ISLAMORADO FL 33036**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1658004**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGRAW, THEODORE T
74920 OVERSEAS HWY
ISLAMORADA FL 33036**

Name
Theodore T. McGraw
Street Address (P.O. Box Number is Not Acceptable)

142 SAPODILLA DR.

City
ISLAMORADA

FL

Zip Code
33036

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 Theodore T McGraw

Signature, typed or printed name of registered agent and title if applicable

Theodore T McGraw

(NOTE: Registered Agent signature required when reinstating)

1-8-03

DATE

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 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	<input type="checkbox"/> Delete
PD	MCGRAW, THEODORE T.	142 SAPODILLA DR	ISLAMORADA FL 33036	<input type="checkbox"/>
VPD	BALL, DENNIS	124 GUMBO LIMBO RD	ISLAMORADA FL 33036	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Theodore T McGraw 4/8/03 (305) 664-4354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)