2001 UNIFORM BUSINESS REPORT, (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # 591060** 1. Entity Name CHAMBERS ELECTRIC, INC. -27-2001 90293 026 ***150.00 Principal Place of Business Mailing Address 3744 MALEC CIRCLE 3744 MALEC CIRCLE SARASOTA FL 34233 SARASOTA FL 34233 645985 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1852487 Not Applicable Zio 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 Name CHAMBERS, DAVID S. JR. Street Address (P.O. Box Number is Not Acceptable) 3744 MALEC CIRCLE SARASOTA FL 34233 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) ☐ Delete TITLE Addition NAME CHAMBERS, DAVE NAME STREET ACCRESS STREET ADDRESS. **4351 IOLA DR** CITY-ST-7IP CITY-ST-ZIP SARASOTA FL TITLE PD ☐ Delete TITLE Change Change Addition NAME CHAMBERS, DAVID S JR NAME STREET ADORESS 3744 MALEC CIR STREET ADDRESS CiTY-SY-ZIP CiTY-S1-7IP SARASOTA FL 34233 TITLE TD Delete TOTAL Change Addition NAME CHAMBERS, SHARON NAME STREET ADDRESS 4351 IOLA DR STREET ADDRESS CITY-ST-ZSP CITY-ST-ZiP SARASOTA FL 34233 TITLE Delete TITLE ☐ Change Addit on NAME CHAMBERS, JOAN NAME STREET ADDRESS STREET ADDRESS 3744 MALEC CIR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

13. I horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 each; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR