## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED **DOCUMENT # 607032** Jan 25, 2000 8:00 am 1. Entity Name **Secretary of State** BOSTON ELECTRIC, INC. 01-25-2000 90032 024 \*\*\*150.00 Principal Place of Business Mailing Address 2903 29TH AVE. E. 2903 29TH AVE. E. **BRADENTON FL 34208-7442 BRADENTON FL 34208** 3. Mailing Address 2. Principal Place of Business 2903 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1918007 RADPNTON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 4208 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOSTON, REBECCA L. Street Address (P.O. Box Number is Not Acceptable) 2903 29 AVE E **BRADENTON FL 34208** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Change Addition ☐ Delete TITLE TITLE BOSTON, DAVID V. NAME NAME STREET ADDRESS 2903 29TH AVENUE EAST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE BOSTON, REBECCA. NAME NAME 2903 29TH AVENUE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-7IP ■ Addition \* TITLE \_\_\_\_.Delete --- ~ BOSTON, REBECCA NAME NAME 2903 29TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if