2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) 607032

DOCUMENT # 1. Entity Name BOSTON ELECTRIC, INC.

SIGNATURE:



FILED
May 14, 2003 8:00 am 8
Secretary of State
05-14-2003 90140 013 ***550.00

Principal Place of Business 2903 29TH AVE. E. BRADENTON FL 34208 Mailing Address 2903 29TH AVE. E. BRADENTON FL 34208				
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	☐ CHECK HERE IF MAKING CHANGES
City & Stat	е	City & State		4. FEI Number 59-1918007 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
BOSTON,	REBECCA L.		Name	
2903 29 /	NVE E		Street Ad	Address (P.O. Box Number is Not Acceptable)
BRADENTON FL 34208				
			City	FL 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 a	To V nd title if applicable. (NOTI	E: Flegistered Agent signature	4-3 9-03 sture required when reinstating) DATE
. F	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of		<i></i>	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND [DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Boston, David V. 2903 29th Avenue East Bradenton Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BOSTON, REBECCA. 2903 29TH AVENUE EAST BRADENTON FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Boston, Rebecca 2903 29th Ave Bradenton FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report is	true and accurate and that n wered to execute this report	ny signature shall hav as required by Chap	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if