2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2001 8:00 am **DOCUMENT # 655430** Secretary of State 1. Entity Name DE & R ELECTRIC, INC. 02-20-2001 90018 017 ***150.00 Principal Place of Business Mailing Address PO BOX 247 3892 NE 40 PLACE OCALA FL 34478 STE F OCALA FL 34470 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1979366 Not Applicable \$8.75 Additional Country Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent BRUG W BURNETT, BRUCE W Street Address (P.O. Box Number is Not Acceptable) R D 5961A AVENUE E 43rd MC INTOSH FL 32664 Zip Code RANGELAKE 3268 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change ☐ Addition ☐ Delete BURNETT, BRUCE W NAME 18555 N.W. 43 rd Ct. PD STREET ADDRESS 5961A AVENUE E STREET ADDRESS DRANGELAKE FL 3 2681 CITY-ST-7IP CITY-ST-ZIP MC INTOSH FL 32664 ☐ Defete TITLE TITLE BURNETT, THERESA M NAME NAME 18555 NW 43 rd Ct. RD. STREET ADDRESS STREET ADDRESS 5961A AVENUE E CITY-ST-ZIP MC INTOSH FL 32664 CITY-ST-ZIP ORANGELAKE FL 32681 Delete-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: