**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # 660859** 1. Entity Name THE ELECTRIC COMPANY, INC. 01-23-2001 90018 039 \*\*\*150.00 Principal Place of Business Mailing Address 1120 EAST OLEANDER ST 1120 EAST OLEANDER ST LAKELAND FL 33801 LAKELAND FL 33801 UUUUUUU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE (1970) Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2011512 Not Applicable Zip 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 MORGAN, C.B. Street Address (P.O. Box Number is Not Acceptable) 1330 ALYCE ST. LAKELAND FL 33801 City Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change CR2E034 (10/00) SLACHTA, SUSAN M NAME NAME STREET ADDRESS 7210 MILLBROOK OAKS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 TITLE ☐ Delete ☐ Change ☐ Addition MORGAN, C.B. NAME NAME STREET ADDRESS 7204 MILLBROOK OAKS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 TITLE Delete TITLE ☐ Change ☐ Addition MORGAN, STEVE ---NAME NAME 5141 FAIRFIELD DRIVE STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition MORGAN, TIMOTHY I NAME NAME STREET ADDRESS 1330 ALYCE ST. STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.