2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # 684503 1. Entity Name ELECTRICAL DESIGN AND ENGINEERING, INC. 04-27-2000 90074 007 ***150 00 Principal Place of Business Mailing Address 2096 EAST BOND DRIVE 2096 EAST BOND DRIVE WEST PALM BEACH FL 33415-7022 WEST PALM BEACH FL 33415-7022 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2026508 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FEARRINGTON, WILLA A, ESQ Street Address (P.O. Box Number is Not Acceptable) 515 NORTH FLAGLER DRIVE, STE 600 WEST PALM BEACH FL 33401 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITLE Delete DAVIS, ROBERT A NAME NAME STREET ADDRESS 2096 E BOND DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH, FL 00000 ☐ Change ☐ Addition ST ☐ Delete TITLE DAVIS, GLORIA NAME STREET ADDRESS 2096 EAST BOND DRIVE STREET ADDRESS CITY ST. 7IP CITY-ST-ZIP WEST PALM BEACH; FL00000 ☐ Change ~ — ☐ Addition TITLE ☐ Delete TOLE COBURN, RICHARD E NAME NAME RT 1 BOX 2535 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT WHITE FL 32038 ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete HILÈ NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

in F. Douis S

1-877-961-79

Daytime Phone #