2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # F0000001213 1. Entity Name PRIMO ELECTRIC COMPANY 05-02-2001 90220 029 ***150.00 Mailing Address Principal Place of Business 2244 OVERSEAS HIGHWAY 2244 OVERSEAS HIGHWAY MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 74-2902099 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 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, 2001 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 12. 11. Addition Change TITLE Delete TITLE NAME CHINA, RICHARD NAME STREET ADDRESS STREET ADDRESS 220 8TH AVENUE, N.W. CITY-ST-ZIP CITY-ST-ZIP **GLEN BURNIE MD 21061** Change ☐ Addition TITLE TITLE □ Detete NAME WOMBWELL, JOHN F NAME STREET ADDRESS STREET ADDRESS 515 POST OAK BLVD., SUITE 450 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77027** ☐ Addition Change ☐ Delete TITLE TITI F NAME ASHBURN, DAVID NAME STREET ADDRESS STREET ADDRESS 220 8TH AVENUE, N.W. CITY-ST-7IP CITY-ST-ZIP **GLEN BURNIE MD 21061** ☐ Change ☐ Addition ☐ Delete TITLE TITLE FLORANCE, STANLEY H NAME NAME STREET ADDRESS STREET ADDRESS 515 POST OAK BLVD., SUITE 450 CITY-ST-7IP CITY-ST-ZIP **HOUSTON TX 77027** Addition ☐ Change Delete TITLE TITLE GERARD J. HERR NAME NAME ZZO Fighth Ave, M.W. STREET ADDRESS STREET ADDRESS Glen Bunie, MD ZIGGI CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ 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 of 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:

changed, or on an attachme