


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90176 019 ***150.00

DOCUMENT # F01000001809	
1. Entity Name ROCHELL ELECTRIC, INC.	

Principal Place of Business 1002 1/2 SPARTANBURG HIGHWAY HENDERSONVILLE NC 28792	Mailing Address PO BOX 1702 HENDERSONVILLE NC 28793
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2. Principal Place of Business 913 Upward Road Suite, Apt. #, etc.	3. Mailing Address 913 Upward Road Suite, Apt. #, etc.
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City & State Flat Rock, NC	City & State Flat Rock, NC
Zip 28731	Zip 28731
Country America	Country America

4. FEI Number 56-1961709	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent ROCHELL, BUD C 17637 SOUTH DIXIE HIGHWAY MIAMI FL 33157	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROCHELL, BUD C 389 CLASSIC OAKS CIRCLE HENDERSONVILLE NC 28792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROCHELL, CAROL 389 CLASSIC OAKS CIRCLE HENDERSONVILLE NC 28792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bud C. Rochell* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **3/18/03 828696-2699**

CR2E034 (10/02)