## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F03505  1. Entity Name SON-GLO ELECTRIC, INC.						Jan 14, 2002 8:00 am Secretary of State 01-14-2002 90035 023 ***150.00			
Principal Place of Business  10466 SW 17 DR  DAVIE FL 33324 US		Mailing Address 10466 SW 17 DR DAVIE FL 33324 US					818)1 <b>8</b> 1811 <b>818</b> 11	1 2012) 1 122 J 1981	
2. Principal F	Place of Business	3. Mailing Address				:   <b>                                   </b>	DIEN ENEN BIBL	: BIBI( 8/8/) (88)	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State			4.	FEI Number 59-2104628	<b>├</b>	Applied For	
Zip	Country	Zip Cour		ntry	5.	Certificate of Status Desired	- \$9.75 Additional		
	6. Name and Address of Current F	legistered Agent			7.	Name and Address of New Registered	Agent		
				Name					
GUNN, ROBERT E. ONE CLEARLAKE CENTRE 250 AUSTRALIAN AVE., SSTE 500				Street Add	Street Address (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH FL 33402				City FL Zip Code				de	
SIGNATURE	e named entity submits this statement for signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible	nd title if applicable. (NO	FE: Registere	ed Agent signature	required when r				
Tax filing	requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			0.00	Election Campaign Financing     Trust Fund Contribution.		00 May Be od to Fees	
11.	OFFICERS AND I	DIRECTORS	12.		ΑC	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	₹S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHNEIDER, GLORIA J. 10466 S.W. 17 DRIVE DAVIE FL	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHNEIDER, TED N 10466 S.W. 17 DRIVE DAVIE FL	☐ Delete		· I			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and Theorem the controlling of the state of	☐ Delete			. <u>.</u> .		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	Addition	
indicated of the cor	Destrify that the information supplied with to this report or supplemental report is poration or the receiver or trustee empore, or on an attachment with an address, w	rue and accurate and that re vered to execute this report	my signa : as requi	ture shall have	the same	legal effect as if made under oath; that I	am an officer	r or director	