FILED Feb 14, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

G70444 **DOCUMENT #** 02-14-2003 90195 009 ***150 00 1. Entity Name HIGH TECH ELECTRIC, INC. Mailing Address Principal Place of Business 5216 PALM WAY 5216 PALM WAY LAKE WORTH FL 33463 LAKE WORTH FL 33463 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2479198 City & State Not Applicable \$8.75 Additional Country Zip 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 PESTANO, WALTER Street Address (P.O. Box Number is Not Acceptable) 5216 PALM WAY LAKE WORTH FL 33463 Zip Code City 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 re SIGNATURE Z (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. C0/01/10/05 ☐ Change Addition TITLE **PSD** ☐ Delete TITLE PESTANO, PERRY NAME NAME STREET ADDRESS 5216 PALM WAY STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP ☐ Change ☐ Addition TIT! F ☐ Detete TITLE VD NAME PESTANO, WALTER NAME STREET ADDRESS 9776 N.W. 15TH STREET STREET ADDRESS CITY-ST-7IP PEMBROKE PINES FL CITY-ST-ZIP ☐ Addition TITLE Delete Delete TITLE NAME PESTANO, MARIE NAME STREET ADDRESS 9776 N.W. 15TH STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

changed, or on an attachment with

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12. I hereby certify that the information supplied with this filling 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 suppliemental report in 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 10 or Block 11 if