2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # G75720** Feb 24, 2000 8:00 am Entity Name **Secretary of State** APG ELECTRIC, INC. 02-24-2000 90061 042 ***158.75 Principal Place of Business Mailing Address 4825 140TH AVE N 4825 140TH AVE N STE K STE K CLEARWATER FL 33762-3822 CLEARWATER FL 33762 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 34-1412413 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAVULA, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 4825 140TH AVE N STE K CLEARWATER FL 33762-3822 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back), TER F. 37 NO 36 🖸 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition TITLE □ Delete TITLE GOULDER, EDMUND S. NAME NAME STREET ADDRESS STREET ADDRESS 1807 E. 22ND ST. CITY-ST-ZIP CITY-ST-ZIP CLEVELAND OH 44114 ☐ Addition ☐ Change Delete TITLE HEISER, LEONARD S. NAME STREET ADDRESS 1807 E. 22ND ST. STREET ADDRESS CITY-ST-ZIP **CLEVELAND OH 44114** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delere TITLE KÁVULÁ, JOHN R. NAME NAME STREET ADDRESS 4825 140TH AVE N, STE K STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33762-3822 ☐ Change ☐ Addition TITLE ☐ Delete TITLE LIGHTNER, JEROLD B. NAME NAME STREET ADORESS STREET ADDRESS 4825 140TH AVE N STE K CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33762-3822 ☐ Change ☐ Addition Delete TITLE TITLE RADCLIFFE, THOMAS J. NAME NAME STREET ADDRESS 4825 140TH AVE N STE K STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33762-3822 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 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.