## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # G75885** Apr 29, 2000 8:00 am Secretary of State 1. Entity Name RONCO ELECTRIC, INC. 04-29-2000 90019 001 \*\*\*450.00 Principal Place of Business Mailing Address P.O. BOX 1424 227-A AZALEA DRIVE DESTIN FL 32541 **DESTIN FL 32540-1424** TODOV 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2362624 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROGERS, J. RON Street Address (P.O. Box Number is Not Acceptable) 277-A AZALEA DR DESTIN FL 32541 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 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. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ROGERS, J RON NAME NAME STREET ADDRESS STREET ADDRESS POST OFFICE BOX 1424-N/A CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32540 ☐ Change ☐ Addition ☐ Delete TITLE TITLE HAMILTON, CARL JR NAME NAME STREET ADDRESS STREET ADDRESS POB 1424-N/A CITY-ST-ZIP CITY-ST-ZIP **DESTIN FL** ☐ Change Addition TITLE ☐ Delete TITLE Vice President NAME NAME Dustin S. Rogers STREET ADDRESS STREET ADDRESS Post Office Box 1424 CITY-ST-7IP CITY-ST-ZIP Destin, FL 32540 ☐ Change -☐ Addition ☐ Delete TITLE 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-ZIP" CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NG OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIG

04/20/00