2002 UNIFORM BUSINESS REPORT (UBR)

May 03, 2002 8:00 am Secretary of State DOCUMENT # G86629 1. Entity Name 05-03-2002 90049 047 ***150.00 HICKS ELECTRIC, INC. Principal Place of Business Mailing Address 1075B-ORIENTA AVE. 1075-B ORIENTA AVE. ALTATMONTE SPRINGS FL 32701 ALTATMONTE SPRINGS FL 32701 IIS. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2357804 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDERT, SHELLEY Street Address (P.O. Box Number is Not Acceptable) 1075B ORIENTA AVENUE ALTAMONTE SPRINGS FL 32701 City 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Delete TITLE ☐ Addition ☐ Change CR2E034 (9/01 NAME HICKS, JAMES B. NAME STREET ADDRESS 1075-B ORIENTA AVE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition NAME HICKS, PATRICIA NAME STREET ADDRESS 1075-B ORIENTA AVE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME GORDERT, SHELLEY NAME STREET, ADDRES :1075B:ORIENTA:AVENUE STREET ADDRES 758 oriveta avenue CITY-ST-7IP ALTAMONTE SPRINGS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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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 Chaoter 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.

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