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2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

SIGNATURE AND TYP

SIGNATURE:

Mar 22, 2002 8:00 am DOCUMENT # H16815 Secretary of State 1. Entity Name 03-22-2002 90020 022 ***150.00 JILLICH ELECTRIC, INC. Principal Place of Business Mailing Address LUUTVHNV 7410 CLARK ROAD 2054 PRINCETON STREET SARASOTA FL 34241-9342 SARASOTA FL 34241 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2444393 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JILLICH, GERALD A. Street Address (P.O. Box Number is Not Acceptable) 7410 CLARK ROAD SARASOTA FL 34241 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE Change ☐ Addition ☐ Delete JILLICH, GERALD A. NAME NAME 7410 CLARK ROAD STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP 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 lepert is true and accurate and risk 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 leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12

eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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