2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # H62732** 1. Entity Name GLM ELECTRICAL CORPORATION, INC. 01-25-2001 90107 042 ***158.75 Principal Place of Business Mailing Address 17964 LOCAHATCHEE RIVER RD. P.O. BOX 1593 JUPITER FL 33458 JUPITER FL 33468-1593 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2541877 Not Applicable Country Zip \$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 Name MARSHA, GARY LEROY Street Address (P.O. Box Number is Not Acceptable) 17964 LOXAHATCHEE RIVER RD. JUPITER FL 33458 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. (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, 2001 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 ☐ Delete BATY, LeRoy MArsha, Bary Lekoy NAME MARSHA, GARY LEROY NAME STREET ADDRESS STREET ADDRESS 17964 LOXAHATCHEE RIVER 33458 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 TITLE **VPS** Delete TITLE ☐ Change ☐ Addition NAME NAME MARSHA, HAZEL L. STREET ADDRESS STREET ADDRESS 17964 LOXAHATCHEE RIVER CITY-ST-ZIP .CITY-ST-ZIP. JUPITER FL 33458 ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change 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

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Change

☐ Addition