

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J00588

FILED
Apr 30, 2003
Secretary of State

Entity Name: FLORIDA ELECTRIC WORKS, INC.

Current Principal Place of Business:

1412 INTREPID DRIVE
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

1412 INTREPID DRIVE
DELAND, FL 32724 US

New Mailing Address:

FEI Number: 59-2650499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COGGINS, LESLIE S.
1412 INTREPID DR
DELAND, FL 32724

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: COGGINS, LESLIE S.,
Address: 317 N FLORIDA AVE
City-St-Zip: DELAND, FL 32720

Title: VS () Delete
Name: COGGINS, LONNIE S
Address: 317 N FLORIDA AVE
City-St-Zip: DELAND, FL 32720

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: COGGINS, LESLIE S
Address: 317 N FLORIDA AVE
City-St-Zip: DELAND, FL 32720

Title: PDS (X) Change () Addition
Name: COGGINS, LONNIE S
Address: 317 N FLORIDA AVE
City-St-Zip: DELAND, FL 32720

Title: V () Change (X) Addition
Name: KUEBLER, JAMES M
Address: 1412 INTREPID DR
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONNIE S COGGINS

PDS

04/30/2003

Electronic Signature of Signing Officer or Director

_____ Date