FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State DOCUMENT # J17161 1. Entity Name 05-12-2002 90638 028 ***158.75 COMMERCIAL ELECTRIC & MAINTENANCE, INC. Mailing Address Principal Place of Business 2885 ORANGE AVE 2885 OPANGE AVE MALABAR N. 32950 MALABAT FL 32950 2. Principal Place of Business 3. Mailing Address P.O. BOX Ave 281 Thor 500777 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For Çity & State City & State 59-2696695 FL FL Malabar Not Applicable alm. Country \$8.75 Additional Country 5. Certificate of Status Desired 32950-07 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BONAS, RICHARD** Street Address (P.O. Box Number is Not Acceptable) 659 W EAU GALLIE BLVD SUITE 106 **MELBOURNE FL 32935** 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. SIGNATURE (NOTE: Registered Agent s gnature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 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 11_{.12} OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME JOLLIFF, THOMAS J STREET ADDRESS STREET ADDRESS 2722 E. MENDELIN STREET CITY-ST-ZIP CITY-ST-ZIP APOPKA FL ☐ Change ☐ Addition □ Delete TITLE DP NAME NAME PARKER, DONALD J. STREET ADDRESS STREET ADDRESS 2885 ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP MALABAR FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MARCELLO, KURT W STREET ADDRESS STREET ADDRESS 476 ALACHUA AVE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TITLE Delete NAME NAME

or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental report is the arid accurate and that of the corporation or the receiver or trustee ephpowered to execute this report changed, or on an attachment with an address, with all other tike entprowered. changed, or on an attachment with an address, with

STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

4-23-02