DOCUMENT # J19387

1. Entity Name

RON SERGENTS ELECTRIC INC.

FILED
Feb 03, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
10409 VENTURA AVE. TAMPA FL 33619	10409 VENTURA AVE. TAMPA FL 33619

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2701488 ☐ Applied For ☐ Not Applic.

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SERGENT, ULDRICK R., JR.
10409 VENTURA AVE.
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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. I am familiar with, and acc... the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SERGENT, ULDRICK R JR		NAME	U00000419257
STREET ADDRESS	10409 VENTURA AVE.		STREET ADDRESS	02/14/06-80040-006 158.75
CITY-ST-ZIP	TAMPA FL 33619		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SERGENT, BONNIE		NAME	
STREET ADDRESS	10409 VENTURA AVE.		STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619		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-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-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ron Sergent 01/25/06 813 626-6915