2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 12, 2001 8:00 am Secretary of State **DOCUMENT # J19968** 1. Entity Name GNS ELECTRIC, INC. 01-12-2001 90037 019 ***150.00 Mailing Address Principal Place of Business 825 WHITFIELD AVENUE 825 WHITFIELD AVENUE SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ---Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2688790 = Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUSLAWSKI, GEORGE Street Address (P.O. Box Number is Not Acceptable) 825 WHITFIELD AVENUE SARASOTA FL 34243 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 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 **25** OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change TITLE ☐ Delete TITLE MUSLAWSKI, GEORGE NAME NAME i viii Bid STREET ADDRESS STREET ADDRESS 825 WHITFIELD AVENUE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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

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changed, or on an attachment with an address, with all

SIGNATURE: