## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

SIGNATURE: \_

## FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90183 020 \*\*\*150.00

DOCUMENT # J35976  1. Entity Name MERCURY ELECTRIC, INCORPORATED							To the same of the	00000174				
Principal Plac 12914 30TH R LOXAHATCHE	D. N.	P 0	Mailing Address P O BOX 177 LOXAHATCHEE FL 33470 US									
2. Principal P	lace of Busin	ess	3. Mai	3. Mailing Address				i i doni i doka kimi niwa faiti anga 1	ISII KIBII BIDII	CIBIL BIRIL	11814 01051 108 <del>1</del>	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	le .	City	City & State				59-2723917			oplied For ot Applicable	,	
Zip	Country		Zip	Zip		Country		Certificate of Status Desired		8.75 Ad	ditional .	7
6. Name and Address of Current				ed Agent		7Name and Address of New Registered Agent						
		15. 44.		<u> </u>		=Name ======	<del></del>	<del></del>	<u></u>			]
MACIAK, I 12914 307	ray James Third. N.			Street Address			Box Number is Not Acceptable)	<del></del>			1	
LOXAHATCHEE FL 33470							<u>w</u>					
						City			FL	Zip Cod		]
8. The above the obligat	named entity	submits this statemered agent.	ent for the purc	ose of changing it	s register	ed office or regist	tered ag	gent, or both, in the State of Florid	a. I am far	niliar with,	and accept	
SIGNATURE	Ka	printed same of registerac		1295 DB4		KAY J.		laciale 11/3	28/C	3	<u> </u>	
7.5		/		1		S Figure September Fedor			-			4
Afte	May 1, 200	FÉE IS \$150.00 3 Fee will be \$55   Florida Departme	0.00					Election Campaign Finan     Trust Fund Contribution.	cing 🔲		May Be to Fees	
10.		OFFICERS	AND DIRECTO	RS	11.		A	DDITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACIAK, R 12914 30TI LOXAHATO	H RD. N.								] Change	☐ Addition	CR2E034 (10/02)
TITLE				☐ Oelete	MIL				[	Change	Addition	188
NAME STREET ADDRESS CITY-ST-ZIP	s			,		NAME STREET ADDRESS CITY-ST-ZIP						
_ IITLE				Delete						Change -	Addition	1_
NAME STREET ADDRESS CITY-ST-ZIP						E Et address -st-zip						
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAMI STRE				С	Change	☐ Addition	
CITY-ST-ZIP					-	-ST-ZIP		-		7.04	- Addition	
NAME STREET ADDRESS CITY-ST-ZIP	:	•		☐ Delete						] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change .	Addition	
12. I hereby of indicated of the corr	on this report paration or the	or supplemental reg	oort is true and empowered to	accurate and that i execute this report	my signat : as requir	ure shall have the	same l	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath da Statules; and that my name ap	; that I am	an officer	or director	