Amended

# 2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J76640

1. Entity Name
~~GARRISON ELECTRICAL CONSULTANTS, INC.~~
Garrison EC, Inc.

FILED
03 NOV 13 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 4826 S US 1<br>FT. PIERCE, FL 34982 US | 4826 S US1<br>FT. PIERCE, FL 34982 US |

X CHECK HERE IF MAKING CHANGES

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

4. FEI Number 59-2805147 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GARRISON, VICTOR E.<br>~~1201 KINGSWOOD LANE~~ 6106 Sunset Boulevard<br>FT. PIERCE, FL 34982 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>6106 Sunset Boulevard<br>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 accept the obligations of registered agent.

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

~~Filing Fee is $100.00~~
~~After May 1, 2003 Fee will be $550.00~~
~~Amended UBR is due~~
~~Send to: Secretary of State, Division of Corporations~~

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DPT<br>GARRISON, VICTOR E.<br>1201 KINGSWOOD LN.<br>FT. PIERCE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPT<br>Garrison, Victor E.<br>6106 Sunset Boulevard<br>Ft. Pierce FL 34982 | X Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVS<br>GARRISON, VIKKI D.<br>1201 KINGSWOOD LN.<br>FT. PIERCE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVS<br>Garrison, Vikki D.<br>6106 Sunset Boulevard<br>Ft. Pierce FL 34982 | X Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GARRISON, ZACH<br>1201 KINGSWOOD LN<br>FORT PIERCE, FL 34982 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Garrison, Zach<br>5410 Seagrape Drive<br>Ft. Pierce FL 34982 | X Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GARRISON, VICTOR E II<br>1201 KINGSWOOD LN<br>FORT PIERCE, FL 34982 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Garrison, Victor E. II<br>6106 Sunset Boulevard<br>Ft. Pierce FL 34982 | X Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Vikki D. Garrison — Vikki D. Garrison — 11/10/2003 — (772) 468-5981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TR