2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K32205 1. Entity Name YOUNGBLOOD ELECTRIC, INC.

FILED Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90141 007 ***150.00

| Discipal Disc | | Medica Address | | \dashv | | | | |
|---|--|--|---------------------------------------|--|---------------------------------|-------------|------------------------------|--|
| Principal Place of Business 26307 HICKORY BLVD P.O. BOX 2714 BONITA SPRINGS FL 34133 US | | Mailing Address 26307 HICKORY BLVD P.O. BOX 2714 BONITA SPRINGS FL 33959-2714 US | | | DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business | | 3. Mailing Address PO YXX 2714 | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | |
| City & State | | BONITA SPRIMS, FL. | | 4. FI | 05 007 3045 | | op led For lot Applicable | |
| Zip | Country | 34133 27K1 | Country LG A | 5. C | Pertificate of Status Desired | \$8.75 Ac | | |
| | 6. Name and Address of Currer | t Registered Agent | | 7. N | ame and Address of New Register | ed Agent | | |
| | | | Name | | | | | |
| G DONALD THOMSON 3461 BONITA BAY BLVD STE 204 | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | 204 TA SPRINGS FL 34134 | | City | | | Zip Co | de | |
| | | | | | - | | | |
| SIGNATURE Signature, typed or or inted name of registered agent and title 1 apolicable. (NOTE: Register 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fet | | | | | 10. Election Campaign Financing | ΨΟ. | .00 May Be | |
| | ria on back) | | · · | | Trust Fund Contribution. | | ed to Fees | |
| 11 | | D DIRECTORS | 12. | AD | DITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Youngblood, Chris L. 26307 Hickory Blyd Bonita Springs Fl | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SY-ZIP | | | ☐ Change | e 🗌 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Deiete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | e 🔲 Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | cortifu that the information supplied | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Chang | | |

colors setting that are information suppried with this limit does not quality for the exemption stated in Section 119.07(3)(t). Fiorida 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 changed, or on an attachment with an address, with all other like empowered.