2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K32422 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** C & D ELECTRICAL BUSINESS CORPORATION 03-14-2000 90041 008 ***150.00 Principal Place of Business Mailing Address 4901 PALM SEACH BLVD 4901 PALM BEACH BLVD SUITE 285 SUITE 285 FT MYERS FL 33905 FT MYERS FL 33905-3252 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0072307 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CATALDO, CAROL Street Address (P.O. Box Number is Not Acceptable) 2213 E ATLANTIC BLVC POMPANO BCH FL 33062 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. SIGNATURE 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 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition CATALDO, CAROL NAME 211 POINSETTA DRIVE AVE STREET ADDRESS 235 ALAMEDA STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP TITLE Delete TITLE **E**hange ☐ Addition CATALDO, CAROL NAME 135 ALAMEDA STREET ADDRESS 211 POINSETTIA DRIVE STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP TITLE ☐ Delete TITLE **C**hange ☐ Addition LETZELTER, DAVID NAME 235 ALAMEDA AVE 211-POINSETTIA DRIVE-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GRAHAM, RICHARD S NAME NAME 48 E 5TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Adoition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. CA ROL

3-8-00 941-693-2112