2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

K72426

TRACE ELECTRIC, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90081 027 ***158.75

Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRACE, CHARLES K.; JR. 2101-10TH-ST. W. PALMETTO-FL 34221 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 and the applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 - After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
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S. Certificate of Status Desired For Paper Required For Paper Require	City & Sta	ite		City & State				4.	FEI Number Applied For Not Applicable	
TRACE, CHARLES K, JR. 2101-10TH ST. W. PALMETTO-FL 34221 City FL Zip Code	Zip · Country		Zip		Coun	Country 5.				
TRACE, CHARLES K.; JR. 2101-10TH ST. W. PALMETTO-FL 34221 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 Forica. I am familiar with, and accept the obligations of regritative agent in purpose agent and in recitable. SIGNATURE FIL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Forica. I am familiar with, and accept the obligations of regritative department agent in recitable. SIGNATURE FIL 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 Forica. I am familiar with, and accept the obligations of regritative department agent. FIL NOW!!! FEE St \$150.00 Added to Fee St 10.00 File St 10.0		6. Name	and Address of Currer	nt Registere	t Registered Agent			7. Name and Address of New Registered Agent		
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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 respirated agent. P	PALMETT	"O≠FL 34221					City		Zip Code	
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE D TRACE, CHARLES K. 2101 10Th ST. PALMETTO FL D TRACE, CHARLES K. 2101 10Th ST. PALMETTO FL D TRACE, CHARLES K. 2101 10Th ST. PALMETTO FL D TRACE, CHARLES K. 2101 10Th ST. PALMETTO FL D TRACE, CHARLES K. 2101 10Th ST. PALMETTO FL D TRACE, CHARLES K., JR. 2101 10Th ST. SIREET ADDRESS SIREET ADDR	the obliga SIGNATURE	Signature, typed	or printed name of registered age	nt and the appl	4				einstating) DATE 9. Election Campaign Financing \$5.00 May Be	
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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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03 941-722-2374