2002 UNIFORM BUSINESS REPORT (UBR) K84123 **DOCUMENT #** 1. Entity Name RON POPE ELECTRIC, INC. 到外型 成分配数 预期处约 Mailing Address Principal Place of Business 4709 N.W. CR 143 4709 N.W. CR 143 JENNINGS FL 32053 JENNINGS FL 32053 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip 6. Name and Address of Current Registered Agent POPE, RONALD S. 4709 NW CR 143 JENNINGS FL 32053 City

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

- Tax filing requirement and elects to do so.

SIGNATURE

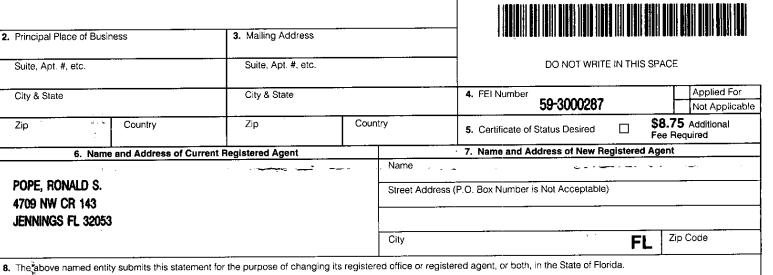
11.

(See criteria on back)

SIGNATURE: 1

FILED Apr 24, 2002 8:00 am Secretary of State

04-24-2002 90297 049 ***150 00



\$5.00 May Be

Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. Election Campaign Financing

Trust Fund Contribution.

TITLE NAME STREET ADDRESS CITY STEZIP	P Delete POPE, RONALD STEPHAN RT 1 BOX 163-2 HWY 143 JENNINGS FL	NAME STREET ADDRESS CITY-ST-ZIP		∟ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POPE, BARBARA SUE RT 1 BOX 163-2 HWY 143 JENNINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· <u>· · · · · · · · · · · · · · · · · · </u>	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	THILE 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
TITLE NAME STREET ADDRESS	☐ Delete	NAME STREET ADDRESS		☐ Change	Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

Make Check Payable to Department of State

After May 4, 2002 Fee will be \$550.00