2002 UNIFORM BUSINESS REPORT (UBR)

Jan 28, 2002 8:00 am Secretary of State DOCUMENT # K88587 1. Entity Name 01-28-2002 90009 025 ***150.00 POWERLINE ELECTRIC OF INDIAN RIVER COUNTY, INC. Mailing Address Principal Place of Business 100 INDUSTRIAL CIRCLE E % RENE G. VANDEVOORDE 1327 N. CENTRAL AVE. SUITE A SEBASTIAN FL 32958-1607 SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address 5+ P.O. Box 75 95-Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite: Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0131796 Not Applicable VABASSO Country \$8.75 Additional 5. Certificate of Status Desired indian Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VANDEVOORDE, RENE G. Street Address (P.O. Box Number is Not Acceptable) 1327 NORTH CENTRAL AVENUE SEBASTIAN FL 32958 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME RENTSCHLER, RICHARD W. STREET ADDRESS STREET ADDRESS 7595 85TH ST. CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE VSD RENTSCHLER, JASON NAME NAME STREET ADDRESS STREET ADDRESS 3960 LESLIE DRIVE CITY-ST-7IP CITY-ST-ZIE SEBASTIAN FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED