

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90843 019 ***150.00

DOCUMENT # K96566

1. Entity Name
GULFSTREAM ELECTRIC, INC.

Principal Place of Business
2045 NORTHWEST 1ST PLACE
BOCA RATON FL 33431-4496

Mailing Address
2045 NORTHWEST 1ST PLACE
BOCA RATON FL 33431-4496



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1544 NW 1st Ave

3. Mailing Address
1544 NW 1st Ave

Suite, Apt. #, etc.
Boca Raton FL

Suite, Apt. #, etc.
Boca Raton, FL

City & State

City & State

4. FEI Number **65-0128992** Applied For
 Not Applicable

Zip **33432** Country **USA**

Country **USA**

Zip **33432** Country **USA**

Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLCO, DALE F
2045 NW 1ST PLACE
BOCA RATON FL 33431-4496

Name **Dale F Klco**
 Street Address (P.O. Box Number is Not Acceptable)
1544 NW 1st Ave
 City **Boca Raton FL** Zip Code **33432**

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)

DATE **4-11-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P KLCO, DALE F.**
 STREET ADDRESS **1040 SW 3 STREET**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE Change Addition
 NAME **P Dale F Klco**
 STREET ADDRESS **5570E Coach House Circle**
 CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE Delete
 NAME **S KLCO, KATHY S.**
 STREET ADDRESS **1040 SW 3 STREET**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE Change Addition
 NAME **S Kathy A. Susko**
 STREET ADDRESS **1040 SW 3 ST**
 CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

Date **4/11/2002** Daytime Phone # **561/391-5353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)