

FILED

May 24, 2002 8:00 am
Secretary of State

04-02-2002 90958 027 ****50.00

86255

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006542

1. Entity Name

ROB'S ELECTRIC, L.L.C.

Principal Place of Business

7001 NORTH BOULEVARD
FORT PIERCE FL 34951

Mailing Address

7001 NORTH BOULEVARD
FORT PIERCE FL 34951

2. Principal Place of Business

5621 St. Lucie Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Ft. Pierce, FL

Suite, Apt. #, etc.

City & State

City & State

Zip

34946

Country

USA

Zip

Country

4. FEL Number

65-1095880

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOHL, N. DEAN ESQUIRE
50 S.E. KINDRED STREET, SUITE 107
STUART FL 34995

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPOwner (Master Electrician)
Robert Borkowski
5621 St. Lucie Blvd
Ft. Pierce, FL 34946TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X Robert Borkowski REQUIRED

3-18-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)