

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000002302

FILED
Jan 09, 2003
Secretary of State

Entity Name: ELECTRAMARK FLORIDA LLC

Current Principal Place of Business:

2910 WEST WATERS AVENUE
TAMPA, FL 33614 US

New Principal Place of Business:

905 E. ML KING JR. DR.
SUITE 460
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

3535 SHORELINE CIRCLE
PALM HARBOR, FL 34684 US

New Mailing Address:

905 E. ML KING JR. DR.
SUITE 460
TARPON SPRINGS, FL 34689 US

FEI Number: 03-0379113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLOHAN, GARY G
2910 WEST WATERS AVENUE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

BOLOHAN, GARY G
905 E. ML KING JR. DR.
SUITE 460
TARPON SPRINGS, FL 34689 US

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: GARY BOLOHAN

01/09/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BOLOHAN, GARY G
Address: 3535 SHORELINE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684 US

Title: MGRM () Delete
Name: MALONEY, RONALD R
Address: 1909 WOOD TRAIL STREET
City-St-Zip: TARPON SPRINGS, FL 34689 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RON MALONEY

MGRM

01/09/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date