Principal Place of Sudiness H778 BADD CYPRESS UN LAKE WORTH R. 1 39607 US 2. Principal Place of Sudiness Suita, Apr. 4, etc. City & State City & S	1. Entity Nam	пе	# LO3458 LECTRIC, INC.	· -	<u> </u>	FILED Jan 09, 2001 8:00 a Secretary of State					m	
Surie, Apr. 4, etc. Surie, Apr. 4, etc. Surie, Apr. 4, etc. DO NOT WRITE IN THIS SPACE	11778 BALD CY LAKE WORTH F	PRESS LN	s	11778 BALD CYPRESS LN LAKE WORTH FL 33467				01-09-2001	90005	002 ***	150.00	
City & Statio City & Statio City & Statio Country Country Country Country Country Country Country Country Country S. Certificate of Status Deered S. S. Additional Fox Required TAYLOR, DAYDD H 117778 BALD CYPRESS LN LAKE WORTH FL 33467 City FL Zip Code Stroot Address (F.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code After MAY 1,001 Fee will be 550.00 Make Check Payable to Department of State TAYLOR, DAYDD H 11. OPPICERS AND DIRECTORS IN LAKE WORTH FL Sparwar Youk by river from a draw of improved open and tills it spatially a sparwar from a department and elected to do ac (See criteria on back) After MAY 1,001 Fee will be 550.00 Make Check Payable to Department of State TAYLOR, DAYDD H THE MAKE SIREST ADDRESS LOTY-51-2P THE MAKE MAY 1,778 BALD CYPRESS LN LAKEWORTH FL Darke TILE MAKE SIREST ADDRESS LOTY-51-2P TILE MAKE SIREST ADDRESS LOTY-51-2P THE MAKE SIREST ADDRESS LO	2. Principal P	lace of Busir	ness									
Zip County Zip County S. Certificate of Status Desired S8.75 Addroinal registered Agent -7. Name and Address of Current Registered Agent -7. Name and Address of Name Registered Agent -7. Name Agent -7. Name Agent -7. Name Agent -7. Name Agent -	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WHITE IN THIS SPACE				
S. Celtractand Address of Current Registered Agent	City & State			City & State			0270136012]
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Numbe	,		•	,		ntry			□ É	e Require	d	1
11776 BALD CYPRESS LN LAKE WORTH FL 33467 City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is aligible to satisfy its Intangible Tax fing requirement and elects to do so. Make Check Payable to Department of State (Payable Code Payable Code Payab		•0. Name	and Address of Current P	registered Agent		Name	-,,	Hame and Address of New Treg	istored Ag	OIII -	<u> </u>	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature Systature Sy	11778 BALD CYPRESS LN					Street Addre	ress (P.O. Box Number is Not Acceptable)					- -
SIGNATURE Signature, hipsed or printer name of Implitement agent and time it a goolaculation. (NOTE Registered Agent signature registered were writtening). SACON Mark Park 1700.00 See vill be \$550.00 Mark CHACK Payable to Department of State Sacon Chack Payable Sacon Chack Payable to Department of State Sacon Chack Paya	LAKE WURITI FL 33467				City		FL Zip Code			e		
SIGNATURE Signature, typed or jorner name of implement agent and title if applicable (NOTE Registered Agent signature registed when well-balling) DATE	8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or regi	stered aç	gent, or both, in the State of Florid	la.			1
Tax filling requirement and elects to do so. (Secritaria or back) After MAY 1, 2011 Fee will be \$550.00 Incention chingles Added to Fees 11.	SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	ed Agent signature req	uired when r	einstating)	DATE		···-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	Tax filing requirement and elects to do so. After MAY 1, 2001 Fe					will be \$550.0	State	Trust Fund Contribution.		Added	to Fees	
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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	TITLE NAME STREET ADDRESS			☐ Delete	TITLI NAM STRE	E IE EET ADDRESS			[☐ Change	☐ Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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	TITLE NAME STREET ADDRESS		<u>-</u>	☐ Delete	NAM STRE	IE EET AODRESS			Ī	Change	☐ Addition	
SIGNATURE: JULY TAULT H. TAYLOR 01-02-01 795-1616 SIGNATURE AND TYPED OFFINTED NAME OF SIGNING OFFICER OR DIRECTOR PAGS Date	indicated of the cor changed,	on this repo poration or the or on an atta	t or supplemental report is ne receiver or trustee empor achment with an address, w	true and accurate and that n wered to execute this report ith all other like empowered.	ny signa as requi	iture shall have t ired by Chapter	ne same 607, Flor	legal effect as it made under oati ida Statutes; and that my name a	n; that I am ppears in I 3	an officer Block 11 of	r Block 12 if	