2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

338 OLEANDER WAY

CASSELBERRY FL 32707

DOCUMENT#

L03750

1. Entity Name

K & S ELECTRIC, INC.

Principal Place of Business

338 OLEANDER WAY

CASSELBERRY FL 32707



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90055 039 ***150.00

90006962

|--|--|

US 2. Pripsipal Place of B	Usinace	US	- ·· · · · · · · · · · · · · · · · · ·	
920 6 Suite, Apt. #, etc.	ROJO CT.	3. Mailing Address 3.3 8 0	Leangerua	4.
•				CHECK HERE IF MAKING CHANGES
OR LAND	0 12	City & State		4. FEI Number 59-2963914 Applied For Not Applica
72817	Country USA	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Na	me and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent
KENNY, SANDRA				
9206 ROJO CT			Street Address (P.O. Box Number is Not Acceptable)
Orlando FL 328	17		-	
		/	City	FL Zip Code
The above named e the obligations of re	tity submits this statement for gistered agent.	the purpose of changing its	registered office or register	ed agent, or both, in the State of Florida. I am familiar with, and acce
SiGNATURE	Mark			1/15/03
Signature	ped or printed name of registered agent ar	d title if applicable. NOTE	: Registered Agent signature required	when reinstating) DATE
After May 1,	V!!! FEE IS \$150.00 2003 Fee will be \$550.00 to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
.10.	OFFICERS AND D	[11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS 9206 R	KEVIN P. DJO COURT	☐ Delete	TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP ORLANI	DO FL		CITY-ST-ZIP	
	Sandra A. Djo court Do Fl	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby certify that		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 119.07(3)(i), Florida Statutes. I further certify that the information type lead offset as if modulated and the transfer of th

or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver changed, or on an attachment

SIGNATURE:

TE HEOD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR