2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

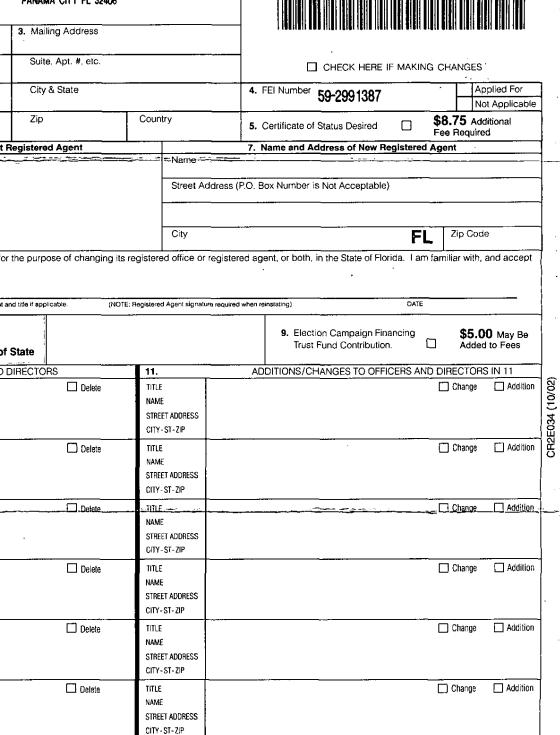
L38827 DOCUMENT

1. Entity Name

ELECTR	ICAL SYSTEMS CONTRAC	CTORS, INC.				
Principal Place of Business 1750 FRANKFORD AVE UNIT D PO BOX 16256 PANAMA CITY FL 32406		Mailing Address 1750 FRANKFORD AVE UNIT D PO BOX 16256 PANAMA CITY FL 32406				
2. Principal Place of Business		3. Mailing Address		1. 1881/1974 808 1974 818		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING	
City & State		City & State		4. FEI Number 59-29913	4. FEI Number 59-2991387	
Zip	Country	Zip	Country	5. Certificate of Status Desi	red 🗆 🕏	
	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of N	ew Registered A	
	ONT BEACH RD CITY BEACH FL 32407		City	ress (P.O. Box Number is Not Accep	FL	
	ve named entity submits this statement pations of registered agent. E Signature, typed or printed name of registered a	, , , , , ,	s registered office or re-			
	FILE NOW!!! FEE IS \$150.00 ter May 1, 2003 Fee will be \$550. ck Payable to Florida Departmer	00	- · · ·	9. Election Campaig Trust Fund Contri		
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND	
TITLE NAME STREET ADDRES CITY-ST-ZIP	D BROWN, MICHAEL H. 4205 GARRISON RD PANAMA CITY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE	D HIGHTOWER LARRY M.	☐ Delete	TITLE NAMÉ		1	

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

04-21-2003 90421 024 ***150.00



12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IP O BOX 1620 N/A

LYNN HAVEN FL 32444

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME STREET ADDRESS

NAME

TITLE

NAME

MICHAEL H. BROWN, PRES. 4-18-03 \$6-769-7546