

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


04-07-2003 90969 048 \*\*\*61.25

L43409  
 FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # L43409**  
 1. Entity Name  
 Britannia Electric, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**6361 Metro Plantation Rd.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6361 Metro Plantation Rd.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Ft. Myers FL**

City & State  
**Ft. Myers FL**

Zip  
**33912**

Country  
**USA**

Zip  
**33912**

Country  
**USA**

4. FEI Number **65-0164408**

Applied For  
 Not Applicable

**DO NOT WRITE  
 IN THIS SPACE**

5. Certificate of Status Desired  **\$8.75 Additional  
 Fee Required**

7. Name and Address of Current Registered Agent

Name **Daniel M. Crowley**

Street Address (P.O. Box Number is Not Acceptable)  
**5012 SW 8th Pl.**

City **Cape Coral** State **FL** Zip Code **33914**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Daniel M. Crowley* DATE: 4/2/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$300.00  
 Amended UBR is \$81.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be  
 Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Crowley, Daniel M. (President) 5012 SW 8th Pl. Cape Coral, FL 33914</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>DR 4/15</i>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel M. Crowley* DATE: 4/2/03 PHONE: 239-277-1881

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR