2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # L63644** FLORIDA WIRE & RIGGING SUPPLY, INC. 04-24-2001 90324 018 ***150.00 Principal Place of Business Mailing Address 3320 VINELAND RD P.O. BOX 180127 P O BOX 180127 ORLANDO FL 32811 CASSLBERRY FL 32718-0127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2999274 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WORSWICK, RONALD J Street Address (P.O. Box Number is Not Acceptable) 1212 N. PARK AVE. WINTER PARK FL 32707 32<u>790</u> 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **PCEO** ☐ Delete TIFLE Addition NAME NAMS WORSWICK, RONALD J. STREET ADDRESS STREET ADDRESS 1212 NORTH PARK AVE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE ☐ Delete TITLE Change Addition NAME MAME WORSWICK, DOUGLAS J STREET ADDRESS STREET ADDRESS 1625 GOLFSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME WORSWICK, DENNIS E. STREET ADDRESS STREET ADDRESS 1661 LAKE SHORE DR CITY-ST-ZIE CITY-ST-7IP Orlando Fl TITLE ☐ De!ete TITLE Change Addition NAME Gahnz, Connie B 1025 Pine Shadow Dr. Apopka, FL 32712 NAME DURBIN, CONNNIE STREET ADDRESS STREET ADDRESS 1025 PINE SHADOW DR. CITY-ST-7IP CITY-ST-ZIP APOPKA FL 32712 TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 eath; 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie B. Gahnz

SIGNATURE AND TYPED OR PRINTED NAME OF

4/18/01