2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State DOCUMENT # L63644 1. Entity Name 05-15-2002 90142 032 ***150 00 FLORIDA WIRE & RIGGING SUPPLY, INC. Principal Place of Business Mailing Address 3320 VINELAND RD P.O. BOX 180127 Ε P O BOX 180127 CASSLBERRY FL 32718-0127 ORLANDO FL 32811 HS US 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 Zip Country \$8.75 Additional 5. Certificate of Status Desired П 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 32790 Zip Code 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) 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, 2002 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** P/CEO/O CR2E034 (9/01) Delete ☐ Addition TITLE Ronald J. Worswick NAME WORSWICK, RONALD J. NAME STREET ADDRESS 1212 NORTH PARK AVE STREET ADDRESS 1212 N. Park Avenue CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP Winter Park FL 32790 Ť± ☐ Delete Change ☐ Addition Douglas J. Worswick 1625 Golfside Drive NAME WORSWICK, DOUGLAS J NAME STREET ADDRESS 1625 GOLFSIDE DRIVE STREET ADDRESS Winter Park, FL 32792 CITY-ST-ZIE WINTER PARK FL CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Dennis E. Worswick 1881 Blue Ridge Road NAME WORSWICK, DENNIS E. STREET ADDRESS 1661 LAKE SHORE DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-7IP Winter Park FL 32789 TITLE ☐ Delete TITLE Change . Addition Connie B. Gahnz 1025 Pine Shadow Drive GAHNZ, CONNIE B NAME NAME STREET ADDRESS 1025 PINE SHADOW DR STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP <u> Adooka FL 32712</u> TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME, ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS; CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GANDE B. GAND 4/23/02 (407) 331-6677 Bagnature and typed on Printed Name of Signing Officer on Director Date Date Date