## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # L66065** 1. Entity Name WESNER ELECTRIC COMPANY, INC. 03-20-2000 90087 030 \*\*\*150.00 Principal Place of Business Mailing Address 4785 CLARA ST 4785 CLARA ST PENSACOLA FL 32526-2729 PENSACOLA FL 32526 $\Gamma \Omega \Omega A \Omega \Omega \Omega 1 T$ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3012195 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 WESNER, GARRY Street Address (P.O. Box Number is Not Acceptable) 4785 CLARA ST PENSACOLA FL 32526 City Zio 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 DATE 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 intangibles. Tax filling requirement and elects to do so. (See criteria on back) Tax filling requirement and elects to do so. Make Chell R Payable to Department of State \$5.00 May Be Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP Change ☐ Addition TITLE TITLE ☐ Delete WESNER, GARRY NAME NAME STREET ADDRESS 4785 CLARA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby 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 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. M. Wesner President 3-151000

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR