## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 07, 2001 8:00 am Secretary of State **DOCUMENT # L92721** 1. Entity Name 05-07-2001 90028 002 \*\*\*150.00 AVERILL ELECTRIC. INC. Principal Place of Business Mailing Address 3205 1ST RD 3205 1ST RD VERO BEACH FL 32968 VERO BEACH FL 32968 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 59-3026169 Applied For Not Applicable Zip Country Zip 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 COLLINS, GEORGE G. JR Street Address (P.O. Box Number is Not Acceptable) 756 BEACHLAND BLVD VERO BEACH FL 32963 City 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE Delete TITLE ☐ Change Addition AVERILL, JACK D. II NAME NAME STREET ADDRESS 3205 1ST RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL ☐ Change Addition TITLE ☐ Delete TITLE AVERILL, MARGARET NAME NAME STREET ADDRESS STREET ADDRESS 3205 1ST RD CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL ☐ Addition ☐ Change TITLE Delete TITLE AVERILL, MARGARET NAME NAME STREET ADDRESS STREET ADDRESS 3205 1ST RD CITY~ST-ZIP CITY-ST-ZIP VERO BEACH FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

MARGARET AVERTLL

FILED