

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90293 025 \*\*\*158.75

0383317 . AV

**DOCUMENT # M91641**  
**1. Entity Name**  
**TOWER ELECTRIC CORP.**

<b>Principal Place of Business</b> 6846 HIGH RIDGE ROAD LANTANA FL 33462 US	<b>Mailing Address</b> 6846 HIGH RIDGE ROAD LANTANA FL 33462 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 6846 HIGH RIDGE RD Suite, Apt. #, etc. LANTANA City & State FLORIDA	<b>3. Mailing Address</b> 6846 HIGH RIDGE RD Suite, Apt. #, etc. LANTANA City & State FLORIDA
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Zip 33462	Country PALM BEACH	Zip 33462	Country
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<b>4. FEI Number</b> 65-0067825	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**  
 CHAPEL, LEONARDO  
 6846 HIGH RIDGE RD  
 APT. A.  
 LANTANA FL 33462

**7. Name and Address of New Registered Agent**  
 Name: *NON*  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: **FL** 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: *Leonardo Chapel* **PRESIDENT** **04-15-2002**  
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 Tax filing requirement and elects to do so.**   
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete CHAPEL, LEONARDO 6846 HIGH RIDGE ROAD LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete CHAPEL, DIGNA 6846 HIGH RIDGE ROAD LANTA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete CHAPEL, JOEL 6102 WEST FOLD LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Leonardo Chapel* **LEONARDO CHAPEL** **04-15-2002 (561) 588-7107**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)