## 200 YUNIFORM BUSINESS REPORT (UBR)

## FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P00000073183 1. Entity Name BIRDWELL ELECTRIC, INC. 05-10-2001 90060 007 \*\*\*150.00 Principal Place of Business Mailing Address 532 LAKE BONNY DR., ÉAST 532 LAKE BONNY DR., EAST LAKELAND FL 33801 LAKELAND FL 33801 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 Not Applicable 59-3660200 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 Name BIRDWELL, KAROLE A Street Address (P.O. Box Number is Not Acceptable) 532 LAKE BONNY DR., EAST LAKELAND FL 33801 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE Change B/DNAME NAME Robert A. Birdwell STREET ADDRESS STREET ADDRESS 532 Lake Bonny Dr. E. CITY-ST-ZIP CITY-ST-ZIP Lakeland, Fl 33801 ☐ Delete TITLE Change ☐ Addition T/S NAME NAME Karole A. Birdwell STREET ADDRESS STREET ADDRESS 532 Lake Bonny Dr. E. CITY\_ST-ZIP. Lakeland Fl. 33801 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 CITY-ST-7IP ☐ Delete TITLE Change Addition NAME 1 NAME ... STREET ADDRESS STREET ADDRESS

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.

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25/01 863-683-1038 Date 863-683-1038