

2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91805 036 ***150.00

DOCUMENT # P0000077426			
1. Entity Name EMERGENCY ONE ELECTRIC, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 26930 NORTH RIVERSIDE DRIVE		3. Mailing Address 26930 NORTH RIVERSIDE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL	
Zip 34135	Country USA	Zip 34135	Country USA
4. FEI Number 59-3664470		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name JEFFREY R. LAMB			
Street Address (P.O. Box Number is Not Acceptable)			
868 106TH AVENUE NORTH			
City NAPLES		FL	Zip Code 34108
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____</small>			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P/D - JERRY W. SITZLAR 26930 NORTH RIVERSIDE DRIVE BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST- ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE:		JERRY W. SITZLAR	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/30/03	Daytime Phone # 239 498 1801

CR20348 (12/02)