2001 UNIFORM BUSINESS REPORT (UBR)

Jun 06, 2001 8:00 am Secretary of State DOCUMENT # P00000097028 1. Entity Name 06-06-2001 90004 050 ***150.00 WIDERA ELECTRIC CO. Principal Place of Business Mailing Address 4 LEXINGTON DR 4 LEXINGTON DR **DUNEDIN FL 34698 DUNEDIN FL 34698** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEl Number Not Applicable Country Zin Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAPAK, JANET L Street Address (P.O. Box Number is Not Acceptable) 1619 14TH AVE VERO BEACH FL 32960 Zip Code City 8. The above named entity submits this statement for the purpose of changing its agistered 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) FILE NOW! ! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20 1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payat e to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE WIDERA, RICHARD NAME STREET ADDRESS STREET ADDRESS 4 LEXINGTON DR CITY-ST-ZIP CITY-S1-ZIP **DUNEDIN FL 34698** Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

of the corporation or the receiver or trustee changed, or on an attachment with an add

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

13. Thereby 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 no 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 produce this eport is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED