2002 Uniform Business Report (UBR)

SIGNATURE:

DOCUMENT # P00000114941 1. Entity Name SOUTHPORT ELECTRIC INC.				Secretary of State 04-02-2002 90912 041 ***158.75
Principal Place of Business 1200 TOWN CENTER DR. SUITE 320 JUPITER FL 33458		Mailing Address 1200 TOWN CENTER DF SUITE 320 JUPITER FL 33458	3.	
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 65-1062891 Applied For Not Applicable
. Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name - 12	7. Name and Address of New Registered Agent
BALL, RANDY C 4761 NW 30TH ST COCONUT CREEK FL 33063			1200 - City J	(P.O. Box Number is Not Acceptable) Town Center Dr. Scite 320 Copiter FL Zip Code 33458
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 Pandy C. Ball President Down C. Ball Oresident Signature. (NOTE: Registered Agent signature Aquired when reinstating) DATE				
Tax filing requirement and elects to do so. After May 1, 2		After May 1, 20	!!! FEE IS \$150.00 02 Fee will be \$550.00 ble to Department of St	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALL, RANDY C 4761 NW 30TH ST COCONUT CREEK FL 33063	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Prasident, Trans, A Change Addition Landy C. Ball 300 Town Center Dr. Svite 320 Jupiter, FL. 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME RESTREET ADDRESS CITY-ST-ZIP	on m. Fortmeyer of Suite 320 upiter, FL. 33458
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition -
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
of the corp	on this report of supplemental report is:	true and accurate and that meeted to execute this report.	ny sionature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or Block 12 if