2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114941

SOUTHPORT ELECTRIC INC.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90070 005 ***158.75

Principal Place of Business 1200 TOWN CENTER DR. SUITE 320			Mailing Address 1200 TOWN CENTER DR. SUITE 320								
JUPITER FL 33458		JUPITER FL 33458								NSIN (181 188)	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	FEI Number 65-1062891			oplied For ot Applicable	
Zip	Country	Zip		Count	try	5. (Certificate of Status Desired		8.75 Add ee Require		
	- 6Name and Address of Current	Register	ed Agent			7.,1	Name and Address of New Re	gistered A	jent		
					Name					i	
BALL, RANDY C 1200 TOWN CENTER DR				Street Address (P.O. Box Number is Not Acceptable)							
SUITE 20					·						
JUPITER FL 33458				City			FL	Zip Code	e		
	e named entity submits this statement fo tions of registered agent.	the purp	oose of changing its re-	gistere	ed office or register	ed ag	ent, or both, in the State of Flori	da. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed hame of registered agent a	ind title if app	plicable. (NOTE: R	egistered	d Agent signature required	when re	einstating)	DATE		 -	
F	ILE NOW!!! FEE IS \$150.00		T		<u> </u>		T				
After May 1, 2003 Fee will be \$550.00							9. Election Campaign Fina			May Be	
Make Check	k Payable to Florida Department of	State					Trust Fund Contribution.		Added	to Fees	
10.	OFFICERS AND	DIRECTO	DRS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTORS	S IN 11	
TITLE	РТ	· · ·	☐ Delete	TITLE				<u>-</u> -	☐ Change	☐ Addition	
NAME	BALL, RANDY			NAME	:						
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CITY-ST-ZIP	JUPITER FL 33458			CITY-	ST-ZIP		 .				
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NAME	FOERTMEYER, RON M	_		NAME	I						
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	JUPITER FL 33458										
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR

Dall Randy C. Boll, Pres. 1-71-03 561-627-1819
OF SIGNING OFFICER OR DIRECTOR