

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90051 012 ***158.75

DOCUMENT # P01000008395

1. Entity Name
ELECTRICAL SOLUTIONS, INC.



Principal Place of Business

11920 NW 39 STREET
SUNRISE FL 33323

Mailing Address

11920 NW 39 STREET
SUNRISE FL 33323

2. Principal Place of Business

5401 NW 102 AVE

3. Mailing Address

5401 NW 102 AVE

Suite, Apt. #, etc.

BAY 106

Suite, Apt. #, etc.

BAY 106

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33351

Country

USA

Zip

33351

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1074562

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEBLANC, PHILIP J

11920 NW 39 STREET
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Philip J. LeBlanc JR.*
Signature typed or printed name of registered agent and title if applicable.

Philip J. LeBlanc JR. President

12/6/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LEBLANC, PHILIP J
STREET ADDRESS 11920 NW 39 STREET
CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

TITLE D
NAME ACUNA, RAYMOND
STREET ADDRESS 2335 NW 81 STREET
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip J. LeBlanc JR. 1/6/03

Date

Daytime Phone #

954 572-7626

CR2E034 (10/02)