


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

DOCUMENT # P01000034655			
1. Entity Name <i>Sanibel Electric Company</i>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 15036 Bonn Aire Circle Suite, Apt. #, etc.		3. Mailing Address 15036 Bonn Aire Circle Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33908	Country USA	Zip 33908	Country USA
4. FEI Number		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 Ronald S. Urkovich			
Street Address (P.O. Box Number is Not Acceptable)			
2323 Wooster Lane, Suite 2			
City Sanibel		FL	Zip Code 33957
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 <i>Ronald S. Urkovich</i>		Ronald S. Urkovich, Esquire	
<small>Signature typed or printed name of registered agent and date if applicable.</small>		<small>(NOTE: Registered Agent signature required when retreating)</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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. & Director, Charlie Kurn 15036 Bonn Aire Circle Fort Myers, FL 33908	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800022427358 08/19/03--01070--003 **141.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec. & Director, Ann Kurn 15036 Bonn Aire Circle Fort Myers, FL 33908	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 02 03
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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, be empowered.			
SIGNATURE <i>Charlie Kurn</i>		Charlie Kurn, Director & Pres.	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8/18/03	239-707-5517
		<small>Date</small>	<small>Daytime Phone #</small>

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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