

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90286 034 ***150.00

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DOCUMENT # P01000039500

1. Entity Name
DMV ELECTRICAL SERVICES INC.



Principal Place of Business
4995 N. US 1
#48
COCOA FL 32927
US

Mailing Address
6363 CABLE AVE.
COCOA FL 32927
US

11000111



2. Principal Place of Business
2300 Avocado Avenue

3. Mailing Address
2300 AVOCADO AVE

Suite, Apt. #, etc.
C

Suite, Apt. #, etc.
C

CHECK HERE IF MAKING CHANGES

City & State
Melbourne, Fl.

City & State
MELBOURNE FL 3

4. FEI Number
59-3709632

Applied For
Not Applicable

Zip
32935

Country
U.S.A.

Zip
32935

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAUGHN, DEREK M
6363 CABLE AVE.
COCOA FL 32927

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 *Derek M. Vaughn*
Signature, typed or printed name of registered agent and title if applicable.

Derek M. Vaughn, Pres.

4-22-03

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VAUGHN, DEREK M
6363 CABLE AVE
COCOA FL 32927 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Vaughn, Derek M.
6363 Cable Avenue
Cocoa, Fl. 32927 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ACOSTA, ROBERT J
230 MEADOWBROOK AVE.
MERRITT ISLAND FL 32953 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
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STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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: *Derek M. Vaughn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Derek M. Vaughn, President (321)508-6294

Date

Daytime Phone #

CR2E034 (10/02)