## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

## Mar 06, 2002 8:00 am DOCUMENT # P01000062950 **Secretary of State** 1. Entity Name 03-06-2002 90061 036 \*\*\*150.00 RST ELECTRICAL DISTRIBUTORS, INC. Principal Place of Business Mailing Address 5659 COMMERCE DR. STE 101 5659 COMMERCE DR. STE 101 00037664 ORLANDO FL 32839 ORLANDO FL 32839 2. Principal Place of Business 3. Mailing Address 221 1221 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 3735836 Applied For City & State City & State OBIALDO OPIANDO Not Applicable Country 32824 Country \$8.75 Additional 32824 5. Certificate of Status Desired US A USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent \_\_\_ Name PARKER, CHESTER A III Street Address (P.O. Box Number is Not Acceptable) 1407 E ROBINSON ST ORLANDO FL 32801 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE President 'Addition ☐ Defete blano NAME NAME STREET ADDRESS STREET ADDRESS PINK AUR CITY-ST-ZIP CITY-ST-ZIP **Addition** TITLE ☐ Delete TITLE Change SUSAN M. Frymyer NAME NAME 5296 Chowick CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OP/AUDO FL 32812 --- 🗀 · Delete TITLE TITLE ☐ Chance - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Aller Fluster / Director TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS hake May FL 32746 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (9/01