## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 29, 2002 8:00 am Secretary of State P01000071551 DOCUMENT # 1. Entity Name 04-29-2002 90198 003 \*\*\*150.00 RICK COURSON ELECTRIC, INC. Mailing Address Principal Place of Business 842090 16781 LLOYD RD 16781 LLOYD RD NORTH FORT MYERS FL 33917 NORTH FORT MYERS FL 33917 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE ite, Apt. #\_etc. HALMER DR. Applied For 4. FEI Number 65-1123 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MINER, BOBBIE S\_\_\_\_ Street Address (P.O. Box Number is Not Acceptable) 1207 SW 19TH LANE CAPE CORAL FL 33991 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 1 FILE NOW!!! FEE IS \$150.00 \_9. \_This.corporation.is eligible to satisfy:its.Intangible . -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. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (9/01 X Change TITLE ☐ Delete TITLE 233 CHALMER DR NAME COURSON, RICKIE NAME 33917 STREET ADDRESS NORTH FORT MYERS FL STREET ADDRESS 16781 LLOYD RD CITY-ST-ZIP NORTH FORT MYERS FL 33917 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ← Addition: ☐ Change Delete TITLE TIŤLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED** 

K. COURSON 4-15-02