2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Secretary of State P01000094770 **DOCUMENT #** 1. Entity Name 03-31-2002 90058 030 ***150 00 JOHNSON BEACH ELECTRIC, INC. Principal Place of Business Mailing Address 1255 MASON AVENUE 1255 MASON AVENUE DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117 2. Principal Place of Business 3. Mailing Address 4560 North Hwy US 1 4560 North Hwy US 1 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3746251 Bunnell. 32110 Bunnell, FL 32110 Not Applicable Country USA 32110 Country IISA \$8.75 Additional 32110 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PICHARO C-CHURCHMA SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR 1255 MASON AUENUE MIAMI FL 33145 Zip Code 3a 117 DAYTONIA BEACH 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. KICHARD K CHURCHMAN Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (10/6) TSTD TITLE Change ☐ Addition Delete TITLE ross. Dennis C NAME NAME CR2E034 1255 MASON AVENUE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32117 CITY-ST-ZIP CITY- ST-ZIP Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Chance Chance Addition TITLE Delete NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 eath; 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 the information.

FILED Mar 31, 2002 8:00 am