


Amended 12-9-03

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

DOCUMENT # P01000101074			FILED 03 DEC 11 AM 10:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name Awesome Electric, Inc				
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 3536 S. Highlands Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3536 S. Highlands Ave <small>Suite, Apt. #, etc.</small>		
City & State Inverness FL		City & State Inverness, FL		4. FEI Number 65-1131081
Zip 34452	Country Citrus	Zip 34452	Country Citrus	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent				
Name Biscardi, W.M. Joseph SR				
Street Address (P.O. Box Number is Not Acceptable) 3536 S. Highlands Ave				
City Inverness FL Zip Code 34452				
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 _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____				
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE PTD	NAME Biscardi, W.M. Joseph SR	TITLE	600025423266 12/11/03--01048--001 **61.25	
STREET ADDRESS 3536 S. Highlands Ave	CITY-ST-ZIP Inverness, FL 34452	STREET ADDRESS		
TITLE V.P.	NAME Biscardi, Joyme	TITLE	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS 3536 S. Highlands Ave	CITY-ST-ZIP Inverness, FL 34452	STREET ADDRESS		
TITLE T	NAME Jones, J.R.	TITLE		
STREET ADDRESS 1944 E. Virts Ct	CITY-ST-ZIP Hernando, FL 34442	STREET ADDRESS		
TITLE	NAME	TITLE		
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS		
TITLE	NAME	TITLE		
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS		
TITLE	NAME	TITLE		
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS		
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 like empowered.				
SIGNATURE: Joyme Biscardi		12-9-03		352-344-2559
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>

CR2E034B (12/02)

TR