FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 10, 2003 8:00 am

DOCUMENT " ONLOG	010010111	, pri	Sagratary	of State
DOCUMENT # PO1001 1. Entity Name Electra Document # UI	109 189 Inc <u>Iknown</u> V		Secretary 0 03-10-2003 90182 00	
DO NOT WRITE 2. Principal Place of Business DHNW Band Auc Suite, Apt. #, etc.	A SECTION OF THE PERSON NAMED IN			
118	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State			11S SPACE
STAULT FL	L Side	4.	FEI Number	Applied For
34994 Macha	Zip Cour	ntry	65-115695	Not Applicat
TO WATER		5.	Certificate of Status Desired	\$8.75 Additional
The second secon		7. N	Jame and Address of Current Registe	Fee Required
DO NOT WI	DITE	-Name CAUP	EN A HOUT	
		Street Address (P.O.	Box Number is Not Acceptable)	·
IN THIS SP	ACE			
		<u> 2104 NW</u>	aand Ave#118	2
8. The above named entity				
8. The above named entity submits this statement for t the obligations of registered agent.	ne purpose of changing its registere	d office or registered an	lent or both in the State of the	<u> </u>
-			or Florida. I am) familiar with, and accept
SIGNATURE		• • •		
Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registered	Agent signature required when re		
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 St		A HIGH O WIGHT (A	9. Election Campaign Financing	\$5.00 May Be
10. OFFICERS AND DIE			The same contribution.	Added to Fees

OFFICERS AND DIRECTORS Pres TITLE Lauren A. Hall alot NW aand Auc #118 TITLE NAME NAME STREET ADDRESS Stuart FL 31994 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME TITLE STREET ADDRESS NAME CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE. TITLE NAME IN THIS SPACE STREET ADDRESS NAME CITY-ST-7IP STREET ADDRESS CITY - ST - ZIP TITLE NAME TITLE STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE TITLE : 🖫 NAME STREET ADDRESS Makit STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP

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 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

SIGNATURE:

772-692-0322