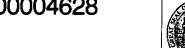
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

P02000004628

1. Entity Name ELECTRIC USA, INC.





FILED

Jan 21, 2003 8:00 am

Secretary of State

01-21-2003 90090 018 \*\*\*158.75

Principal Place of Business Mailing Address 8707 N HIGHLAND AVE 8707 N HIGHLAND AVE TAMPA FL 33604 TAMPA FL 33604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 30-0013989 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOODWIN, CHRIS Street Address (P.O. Box Number is Not Acceptable) 8707 N HIGHLAND AVE TAMPA FL 33604 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE D/P Change ☐ Addition GOODWIN, CHRIS Goodwin, Chris NAME NAME 8707 N. HIGHLAND AVE 8707 N HIGHLAND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33604 TAMPA. FL 33604 CITY-ST-ZIP TITLE Delete TITLE Change **X** Addition GOODWIN, SHARLENE NAME NAME 8707 N. HIGHLAND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33604 CITY-ST-ZIP TITLE \_ Delete TITLE ☐ Change **★** Addition MCKENZIE, RICHARD NAME NAME STREET ADDRESS 205 A 15th AVE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ■ Addition NAME NAME

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Addition

CR2E034 (10/02)