FOR PROFIT CORPORATION

Jun 02, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State DOCUMENT #** 06-02-2003 90190 003 ***150.00 1. Entity Name 90138448 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 16th Steet 3756 NW 37<u>56</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Auderhi 03-04 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address¹(P.O. Box Number is Not Acceptable), IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TIT! F NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE 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 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

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-SI-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP TITLE NAME

OF SIGNING OFFICER OR DIRECTOR

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

IN THIS SPACE

FILED

Daytime Phone #

CR2E034B (12/02)

90138448 902000023657 Anglin Electric, Inc 3756 NW 16th Street Lauderhill, Fl 33311 Phone (954) 792-4990 Fax# (954) 792-3038

May 28,2003

To Whom It May Concern:

This letter is to inform you that Anglin Electric, Inc. did not receive their Uniform Business Report form in time to make the May 1, 2003 deadline. We have requested a new form to be sent to us and we are now returning this. Please accept this letter as the reason why it was not turn in on time. I have enclosed a copy of the request letter. If there are question please feel free to call us to (954) 792-4990.

Sincerely,

Margaret Anglin