2003 FOR PROFIT CORPORATION

Mar 10, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR**) DOCUMENT # P02000039359 1.. Entity Name 03-10-2003 90141 018 ***150.00 ELECTRIC FIXX INC Principal Place of Business Mailing Address 4205 NW 52ND AVE 4205 NW 52ND AVE 100 100 LAUDERDALE LAKE FL 33319 LAUDERDALE LAKE FL 33319 2. Principal Place of Business 3. Mailing Address 1000 NW 44th ave Suite, Apr #, etc. SAPhire Blog ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For auderdale Not Applicable \$8.75 Additional 5. Certificate of Status Desired 1000 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMM, WAYNE 4205 NW 52ND AVE LAUDERDALE LAKE FL 33319 City 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. (NOTE: Registered Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition NAME HAMM, WAYNE A NAME no Change STREET ADDRESS 4205 NW 52ND AVE STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKE FL 33319 CITY-ST-ZIP TITLE Delete TITLE -Change Addition NAME HAMM, JACQUELINE T NAME No Chago STREET ADDRESS 4205 NW 52ND AVE STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKE FL 33319 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME HAMM, PAUL NAME STREET ADDRESS STREET ADDRESS 4205 NW 52ND: AVE CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKE FL 33319 TITLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED