

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90076 007 ***150.00

DOCUMENT # P02000055772

1. Entity Name
ELECTRICAL TECHNOLOGIES OF AMERICA, INC.



Principal Place of Business
**10704 AQUA SURF CT
ESTERO FL 33928**

Mailing Address
**10704 AQUA SURF CT
ESTERO FL 33928**



2. Principal Place of Business

3. Mailing Address

10704 AQUA SURF CT

10704 AQUA SURF CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

ESTERO FLORIDA

City & State

ESTERO FLORIDA

Zip

33928

Country

USA

Zip

33928

Country

USA

4. FEI Number

04-3667867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOGAN, THOMAS J
10704 AQUA SURF CT
ESTERO FL 33928**

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

SAME

City

SAME

FL

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 Thomas J. Hogan
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	THOMAS J. HOGAN
STREET ADDRESS	10704 AQUA SURF CT
CITY-ST-ZIP	ESTERO FL 33928
TITLE	VICE PRESIDENT <input type="checkbox"/> Delete
NAME	MICHELE A. NEWTON
STREET ADDRESS	10704 AQUA SURF CT
CITY-ST-ZIP	ESTERO FL 33928
TITLE	SECRETARY <input type="checkbox"/> Delete
NAME	MICHELE A. NEWTON
STREET ADDRESS	10704 AQUA SURF CT
CITY-ST-ZIP	ESTERO FL 33928
TITLE	TREASURER <input type="checkbox"/> Delete
NAME	MICHELE A. NEWTON
STREET ADDRESS	10704 AQUA SURF CT
CITY-ST-ZIP	ESTERO FL 33928
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/03

CR2E034 (10/02)