## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P02000090366 DOCUMENT #

1. Entity Name

SIGNATURE:



**FILED** Apr 28, 2003 8:00 am Secretary of State
04-28-2003 90487 034 \*\*\*158.75

ESCHER	ELECTRIC, INC.			
Principal Plac 1934 COMME SUITE 2 JUPITER FL 3		Mailing Address 1934 COMMERCE LANE SUITE 2 JUPITER FL 33458		
6380	(2	3. Mailing Address 6386 Michel Suite, Apt. #, etc.	ael St.	
Suite, Apt,	Av Hareda	Superior;	HORICA	CHECK HERE IF MAKING CHANGES  4. FEI Number Applied For
City & Stat	Chapter a	Zin - i - 100	Country	35-08/13/9   Not Applicable
33458	falin Black.  6. Name and Address of Current F		In Beach	5. Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent
SUITE 2 JUPITER I	KEITH A AMERCE LANE FL 33458	·	City Jup	sifer    Sie   St.   Cichen Electron   St.   Cichen El
signature . F	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent ar  ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Reyable to Florida Department of	d title if applicable. (NOTE yes		Pered agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept and the Aded to Fees agent agent, or both, in the State of Florida. I am familiar with, and accept a familiar with, and accept a familiar with, and accept and familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept agent, accept agent, and accept agent, accept age
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELDIN, KEITH A ESQ. 1934 COMMERCE LANE #2 JUPITER FL 33458	LE POINT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tarles W. Escher. Change Addition 286 Michael St. PRESi Dent.
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET AODRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report is t	true and accurate and that my si- wered to execute this report as re	onature shall have the	section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if