2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2003 8:00 am Secretary of State 03-26-2003 90170 002 ***150.00

DOCUMENT # P02000117070 1. Entity Name WISLER ELECTRIC, INC.					03-26-2003 90170 002 ***130.00
Principal Place of Business 1346 WESTOVER RD W PALM BEACH FL 33417		Mailing Address 1348 WESTOVER RD W PALM BEACH FL 33417		<u> </u>	L 135/1651 12/16 1671 25/17 26/11 26/21 1887 16/11 28/11 28/11 28/11 28/11
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 14-1853464 Applied For Not Applicable
Zip	Zip Country Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
				Name	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.				Street Address	(P.O. Box Number is Not Accepteble)
4TH FLOO MIAMI FL			City		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 fámiliar with, and accept the obligations of registered agent.					
SIGNATURE					
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 \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	PTD THEUS, WISLER	☐ Delete	NAME		☐ Change ☐ Addition SO Change ☐ Addition Change ☐ Addition SO Change ☐ Addition Change ☐ Addition Change ☐ Addition Change ☐ Addi
CITY-ST-ZIP	1346 WESTOVER RO W PALM BEACH FL 33417			ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS THEUS, MARIE G 1346 WESTOVER RD W PALM BEACH FL 33417	☐ Delete			□ Change □ Addition 중
TITLE NAME		☐ Delete	TITLE NAME	ſ	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP				et adoress ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			∵ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	-	1	☐ Change ☐ Addition .
12. I hereby of indicated	ertify that the information supplied with to on this report or supplemental report is t	his filing does not qualify for rue and accurate and that m	the exem y signatu	nption stated in Se ure shall have the s	ction 119.07(3)(i), Florida Statutes. I further certify that the information came legal effect as if made under oath; that I am an officer or director