2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (URB

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DOCUMENT # P02000122450 1. Entity Namie TIKO WIRE AND CABLE, INC.						¥0	CO3 MAY -	6 AM 6: 3 RY OF STAT SEE, FLORIC		AV
430 JILLOTU	ice of Business IS STREET LAND FL 32952		Mailing Address 430 JILLOTUS STREET MERRITT ISLAND FL 329	52		^				
3/0 Suite, Apt	Te 107	v Bhod	Suite, Apt. #, etc.	150N 1	BLuch.		03 91028 CHECK HERE IF MA	AKING CHANGES		50
City & Sta			CocoA. F	Z.		4. FEI Number → 7-00	38/84		opplied For lot Applicable	4
Zip. 3.29.	22-7789 County	e VARCI	32 822-7789	Country = 2000 VA	nd-	5. Certificate of	Status Desired	\$8.75 Ac Fee Requir	iditional]
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
THARPE, BARBARA A 430 JILLOTUS STREET				Stree	Street Address (P.O. Box Number is Not Acceptable)					
MERRITT ISLAND FL 32952				City	City Zip Code					
	e named entity submits tions of registered age		ne purpose of changing its	registered offic	or registere	d agent, or both,	in the State of Florida.	l am familiar with	, and accept	1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE										}
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							ion Campaign Financing Fund Contribution.		OO May Be d to Fees	
10.	1440	OFFICERS AND DIF		11.	Table	ADDITIONS/CI	HANGES TO OFFICERS			
NAME STISSET ADDRESS CITY-ST-ZIP	SIGNERAL COCO PA EF	13 17 per	Delete	TITLE NAME STREET ADORE CITY-ST-ZIP	310	oara A. T Brunson	Tharpe Blvd., Sui 32922-77	□ Changa ite 107 89	Addition	CR2E034 (10/02)
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TITLE NAME		 	☐ Delete	TITLE				Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: ___

STREET ADDRESS

CITY-ST-ZIP