2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P26536** Apr 03, 2000 8:00 am Secretary of State ALEXANDER ELECTRIC COMPANY 04-03-2000 90192 010 ***150.00 Mailing Address Principal Place of Business 1411 BELFAST AVENUE 1411 BELFAST AVENUE COLUMBUS GA 31904 COLUMBUS GA 31904-4431 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 58-1152393 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Atexander WALTERS, JAKE T., JR. Street Address (P.O. Box Number is Not Acceptable) E. Gulf Beach Di 5108 HWY 22 PANAMA CITY FL 32401 Zip Code 3 2 3 2 8 City Dr Gredige 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD pto Change ☐ Addition TITLE TITLE ☐ Delete Atexander, Tames R. 1411 Belfast Ada. ALEXANDER, JAMES R. NAME NAME STREET ADDRESS 643 DOUBLE CHURCHES ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COLUMBUS GA** (2) - rous GA 31924 Change ☐ Addition ☐ Delete TITLE TITLE FAULK, KENNETH W. NAME STREET ADDRESS STREET ADDRESS 1347 BLANCHFIELD DRIVE CITY-ST-ZIP CITY-ST-ZIP COLUMBUS GA ___ Change ☐ Addition ☐ Delete TITLE NAME ALEXANDER, CINDY L. NAME STREET ADDRESS STREET ADDRESS 643 DOUBLE CHURCHES ROAD CITY-ST-ZIP CITY-ST-ZIP COLUMBUS GA ☐ Change ■ Addition . TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 occurate and that my sign start 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 emporated of exploring this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and of the corporation or the receiver or trustee emporated changed, or on an attachment with an address with all of