2008 FOR PROFIT CORPORATION

Apr 21, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P29861 04-21-2008 90040 013 ***150.00 UNIVERSAL ELECTRIC COMPANY INC. Principal Place of Business Mailing Address P O BOX 2372 26801 OLD 41RD BONITA SPRINGS, FL 33959-9372. #3 BONITA SPRINGS, FL 34135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142008 CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 35-0725050 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent BUENNAGEL DONALD R. Street Address (P.O. Box Number is Not Acceptable) **4835 BONITA BEACH RD** #210 BONITA SPRINGS, FL 33923 CITY BONISA SPRINGS 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 4/17/08 registered agent good title if applicat 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD TITLE **Change** Addition ☐ Defete BOWNAGEL, DONALD R 27030 IMPERIAL PKWY BUENNAGEL, DONALD R. NAME NAME 4835 BONITA BCH RD #210 STREET ADDRESS STREET ADDRESS BONING SPRINGS, FL 34135 CITY-ST-ZIP **BONITA SPRINGS, FL 34134** CITY-ST-ZP SD ☐ Delete ☐ Change ■ Addition MLE TITLE HEATH, DAVID D. NAME MAME STREET ADDRESS 155 W 30 LANE STREET ADORESS CITY-ST-ZIP NORTH WEBSTER, IN 46555 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HEATH, SUSAN J. NAME 155 W 30 LANE STREET ADDRESS STREET ADORESS CITY-ST-ZIP NORTH WEBSTER, IN 46555 COY-ST-78 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 otiper like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

MARKE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICER

☐ Delete

Change

☐ Addition