2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am Secretary of State DOCUMENT # **P93000006886** POWER LINE COMPONENTS, INC. 01-30-2001 90023 024 ***150.00 Principal Place of Business Mailing Address 5340 N FEDERAL HWY 5340 N FEDERAL HWY SUITE 203 SUITE 203 LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0382227 Not Applicable \$8.75 Additional Ζip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILDRETH, GEORGE Street Address (P.O. Box Number is Not Acceptable) 3070 NW 49TH ST FT LAUDERDALE FL 33308 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. ☐ Addition TITLE ☐ Delete TITLE NAME NAME HILDRETH, GEORGE C STREET ADDRESS STREET ADDRESS 3070 NE 49TH ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition STD Delete TITLE TITLE. NAME HILDRETH, MILDRED NAME STREET ADDRESS STREET ADDRESS 3113 WINDCHESTER CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 ☐ Addition TITLE ☐ Delete -TITLE ... Change NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-Z)P CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

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 11 or Block 12 if

changed, or on an attachment with an address, with all oth