FILED

Jun 02, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) | DOCUMENT # P93000057058

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	1. Entity Nam DELCO V	VIRE AND CABLE, (USA) II	NC.				06-02-2003 90189 00	4 ***150.00	0	
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Zip Country Zip Country S. 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 Fee Required 1. Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code: 1. City Flagistered agent, or both, in the State of Florida. 1 arn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 arn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 arn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 arn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 arn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 arn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 arn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 arn familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 arn familiar with, and accept the obligation of registered agent, or both, in the State of Florida. 1 arn familiar with, and accept the obligation of registered agent, or both, in the State of Florida. 1 arn familiar with, and accept the obligation of registered agent, or both, in the State of Florida. 1 arn familia	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES			
Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required	City & Stat	е	City & State			4.	FEI Number 59-3201570			
HRAWG CORP. 2000 GLADES RD., SUITE 400 BOCA RATON FL 33431 City FL Zip Code: City FL Zip Code: City FL Zip Code: City FL Address (P.O. Box Number is Not Acceptable) City FL Zip Code: 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. It am familiar 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE NAME SIRETADDRESS CITY-ST-ZIP DIRECTORSS FL 33556 CITY-ST-ZIP Detele TITLE NAME SIRETADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SIRETADDRESS CITY-ST-ZIP TITLE NAME SIRETADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SIRETADDRESS CITY-ST-ZIP T	Zip			Count	ry	5. Certificate of Status Desired \$8.75 Additional		ditional		
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2000 GLADES RD., SUITE 400 BOCA RATON FL 33431 City FL Zio Code: 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent and title 4 applicable. NOTE Registered Agent signature required when reinstaling DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE ODEISA FL 33556 TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE ODEISS CIT	LIDAMIC CODD				Name :					
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12. 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 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 higher 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.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change 1

☐ Addition



DELCO WIRE AND CABLE

499 DOUGLAS ROAD EAST, OLDSMAR, FL 34677 PHONE 813 855-0808 FAX 813 854-1144 TOLL FREE 1-800-714-9473

May 30, 2003

Division Of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Please find enclosed Check No. 14611 in the amount \$150.00 for "2003 Uniform Business Report" Please note that Delco Wire and Cable did not received this form in the office until 5/15/03. This form was received in error by the company next to our business. It was brought to our attention just recently. The officer authorized to sign was not available until 5/30/03. If you require additional information please do not hesitate to call Christopher Ashton at 800-714-9473.

Regards,

Christopher W. Ashton

Controller