2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2000 8:00 am Secretary of State DOCUMENT # P93000061329 1. Entity Name THW ELECTRIC, INC. 04-17-2000 90019 042 ***158.75 Principal Place of Business Mailing Address 2357 APPALOSSA CIR P.O.BOX 7551 SARASOTA FL 34278-7551 SARASOTA FL 34240 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0435112 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MATTHEWS, TERENCE Street Address (P.O. Box Number is Not Acceptable) 5190 26TH ST. W. SUITE D **BRADENTON FL 34207** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **Change** Addition TITLE ☐ Delete John Thomas THOMAS, JOHN NAME 7278 S. LeewyAR Dr. STREET ADDRESS 2357 APPALOOSA CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL sarasuta Addition ☐ Delete TITLE TITLE THOMAS, DENISE Derise Tromas NAME NAME 378 S. Leewyna Dr. Sarasota, FL 34040 2357 APPALOOSA CIR. STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete BENNETT JR, JERRY L NAME NAME 6509 MAGELLAN CT 207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 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 other the empowered.