2003 FOR PROFIT CORPORATION

Mailing Address

P O BOX 7531 JUPITER FL 33468

3. Mailing Address SAMC

City & State

Suite, Apt. #, etc.

UNIFORM BUSINESS REPORT (UBR) P94000008809 **DOCUMENT #** 1. Entity Name THOMAS KERN ELECTRIC, INC.

Principal Place of Business

2. Principal Place of Business

SAMO

Country

1718 17TH CT N

JUPITER FL 33477

City & State

Zip



FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90203 029 ***150.00

TTUDDDAG

65-0512721

4. FEI Number

☐ CHECK HERE IF MAKING CHANGES	

Applied For

Not Applicable

Zip		Country	Zip		Country	5	. Certificate of Status Desired		\$8.75 Add Fee Required				
	∴6. Name	and Address of Current F	Registered A	gent		7. Name and Address of New Registered Agent							
		The second of the second of the			Name	Name							
KERN, THOMAS						Street Address (P.O. Box Number is Not Acceptable)							
1718 17TH CT													
JUPITER F	L 33477												
<u> </u>				<u> </u>	City			FL	Zip Code				
3. 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 the obligations of registered agent.													
SIGNATURE													
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
After	May 1, 200	! FEE IS \$150.00 IS Fee will be \$550.00 Florida Department of	State				Election Campaign Fina Trust Fund Contribution.			May Be to Fees			
10.		OFFICERS AND I	DIRECTORS		11.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	S IN 11			
TITLE	Р			Delete	TITLE				Change	Addition			
NAME	KERN, TH	OMAS			NAME								
STREET ADDRESS	1718 17Th	I COURT			STREET ADDRESS								
CITY-ST-ZIP	JUPITER F	Ł			CITY-ST-ZIP								
TITLE	T			Delete	TITLE			_	Change	☐ Addition			
NAME	JACKSON	, SANDY L.			NAME								
STREET ADDRESS	1220 2ND				STREET ADDRESS								
CITY-ST-ZIP	LAKE PAR	K FL			CITY-ST-ZIP								
TITLE				Delete	TITLE				. Change	Addition			
NAME	· ·				NAME								
STREET ADDRESS					STREET ADDRESS		•						
CITY-ST-ZIP					CITY-ST-ZIP								
TITLE				☐ Delete	TITLE				☐ Change	☐ Addition			
NAME					NAME								
STREET ADDRESS					STREET ADDRESS		_						
CITY-ST-ZIP					CITY-ST-ZIP								
TITLE		<u> </u>		☐ Delete	TITLE		.		☐ Change	☐ Addition			
NAME					NAME			•					
STREET ADDRESS					STREET ADORESS								
CITY-ST-ZIP		<u></u>			CITY-ST-ZiP								
TITLE				☐ Delete	TITLE				☐ Change	☐ Addition			
NAME					NAME					{			
STREET ADDRESS					STREET ADDRESS					(
CITY-ST-ZIP					CITY-ST-ZIP								
	· · · · · · · · · · · · · · · · · · ·												

Country

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 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 other like empowered.

SIGNATURE: