2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PS

P94000049044

1. Entity Name

INTERNATIONAL ELECTRICAL SUPPLIES, INC.



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90123 012 ***150.00

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition							- T.					
Suita, Act. #, etc. Suita, Ac	978 LAKESIDE DR			978 L	978 LAKESIDE DR							
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Zip Country Zip Country 5, Certificate of S9-ZE57070 Not Applicable See To Additional Financial Progress of Current Registered Agent Notice CAJICAS, CARLOS 978 LAKESIDE DR APDPKA FL 32712 B. The above and Address of Current Registered Agent Notice City FL Zip Code City FL Zip Code City City F	Suite, Apt. #, etc.			· Suite	· Suite, Apt. #, etc.				CHECK HERE	F MAKING	CHANGES	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Street Address (P.O. Box Number's Not Acceptable) City FL Zip Code Diff Street Address (P.O. Box Number's Not Acceptable) Diff City FL Zip Code Diff Street Address (P.O. Box Number's Not Acceptable) Diff City FL Zip Code Diff Street Address (P.O. Box Number's Not Acceptable) Diff City FL Zip Code Diff Diff Street Address (P.O. Box Number's Not Acceptable) Diff City FL Zip Code Diff Diff Street Address (P.O. Box Number's Not Acceptable) Diff City FL Zip Code Diff Diff Street Address (P.O. Box Number's Not Acceptable) Diff City FL Zip Code Diff Diff Street Address (P.O. Box Number's Not Acceptable) Diff Diff Street Address (P.O. Box Number's Not Acceptable) Diff City FL Zip Code Diff Street Address (P.O. Box Number's Not Acceptable) Diff Street Address (P.O. Box Number's Not Acceptable) Diff City FL Zip Code Diff Street Address (P.O. Box Number's Not Acceptable) Diff Street	City & State			City	City & State				59- 2 257070			
CAJIGAS, CARLOS 978 LAKESIDE DR APOPKA FL 32712 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the debt gallosine of registered agent. PL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the debt gallosine of registered agent. PL Zip Code 8. The ADDITIONS (Change) Florida Department of State FILE. NOW!!! FEE IS \$150.00 After Migh 1, 2003 Fee will be \$550.00 Make Check-Psyable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE OLAGAS, CARLOS 9. Election Cempaign Financing Added to Faus Added to Faus Added to Faus NAME SIRET ADDRESS 101'- S1-2P 111- 112- 113- 113- 114- 115- 115- 115- 115- 115- 115- 115	Zip Country		Zip	Zip C			5. (Certificate of Status Desired		8.75 Add	litional	
Name		6. Name a	nd Address of Cu	rrent Registere	d Agent	1		_ 7. 1	Name and Address of New R	egistered A	gent	
978 LAKESIDE DR APOPKA FL 32712 City FL Zio Code City FL Zio Cod							Name	_				
8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature							Street Addres	ss (P.O. B	ox Number is Not Acceptable)		
8. The above named cnitity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symbols, typed or invited name of implatened agent and title is applicable. MOTE: Registered Agent signature required when restating) DATE FILE; NOWIII: FEE IS S150,00 After May 1, 2003 Fee will be \$\$50.00 May Be Added to Fees Make Check-Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition RMAE CAJIGAS, CARLOS STREET ADDRESS CITY-S1-2P APOPKA FL 32712 TITLE Delete ITILE Delete TITLE NAME STREET ADDRESS CITY-S1-2P CITY-S1-2P	apopka i	FL 32712									7in Cod	
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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 the stee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M

Daytime Phone #