2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P9400062870** May 17, 2000 8:00 am Secretary of State 1. Entity Name SANDOLLAR ELECTRIC, INC. 05-17-2000 90924 025 ***150.00 Principal Place of Business Mailing Address AIRPORT ROAD #10 1209 AIRPORT ROAD #10 UNIT C-4 C-4 FL 32541 **DESTIN FL 32541-2933** 00052547 US 2. Principal Place of Business 1309 AIRPORT RO #10 3. Mailing Address 1209 AIRPORT RD #10 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Sity & State 4. FEI Number 59-3271189 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLEAT, DAVID B Street Address (P.O. Box Number is Not Acceptable) 4477 LEGENDARY DRIVE, SUITE 202 DESTIN FL 32541 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 11. DPS TITLE TITLE Delete DURST, JUSTIN R NAME NAME STREET ADDRESS 824 N. LAKESIDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DESTIN FL 32541 Addition ☐ Change ☐ Delete FULMER, TIMOTHY D NAME STREET ADDRESS 4490 OCEAN VIEW DR STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP = DESTIN FL 32541~ ☐ Change ☐ Addition DVP ☐ Delete BROWN, STEVEN P NAME NAME STREET ADDRESS STREET ADDRESS **82 SHORE DRIVE** CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 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

SIGNATURE: