May 01, 2003 8:00 am Secretary of State

05-01-2003 90358 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000078625 **DOCUMENT #**

1. Entity Name ALLIED ELECTRIC MOTORS & DRIVES, INC.



						OB WE IF	_]				
Principal Place of Business 4725 LAKELAND COMMERCE PKWY STE 4-5 LAKELAND FL 33805 US			4725 L #4-5 Lakel US	LAKELAND FL 33805 US							
2. Principal Place of Business			3. Maili	3. Mailing Address				f (politent fin init ginet matte geber mart) (676) (51) 5 at		
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	4. FEI Number 59-3272973 Applied For Not Applicable			
Zip Country			Zip				5. (5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name an	nd Address of Current	Registere				7. Name and Address of New Registered Agent —				
• • • • • • • • •				Name							
	RONALD T			Street Addres			(P.O. Box Number is Not Acceptable)				
	VELAND HEIG	hts blvd.		3,5517,133,553							
LAKELANE	D FL										
± ju š				City		F	L Zip Ci	ode			
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. 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) OATE											
		FEE IS \$150.00		,				T	-		
		•						9. Election Campaign Financing		.00 May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of Sta				tate				Trust Fund Contribution.	∐ Ado	led to Fees	
10.		OFFICERS AND		_ 			AD	L. DDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO)RS IN 11	
TITLE .	D			☐ Delete	TITLE				Change		
NAME	PEARCE, DA	MD E JR.			NAME	1				,	
STREET ADDRESS 633 VIRGINIA AVE.					ET ADDRESS						
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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 receiver of 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:

Joind & Alice

863-665-0404