## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#**

P94000085618

1. Entity Name

ARCON ELECTRIC, INC.



## **FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90111 019 \*\*\*150.00

Syste Spit if get.  Syste	Principal Place 2014 MARSHALI FT WALTON B		Mailing Address								
City & State    City & State   Country   Zip	2. Principal Pl	ace of Business					I HOPKING I'M KANK DIDAK DOAH WONH	8 BIRI 8 BIRI 18 II	J <b>i B</b> iii <b>i B</b> iiibi i		
City & State	Suite, Apt. #, etc.  212 Marshall Dr 212 Ma			rshall Dr.			☐ CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent  FLORES, GEORGE 209 MARSHALL DR FT WALTON BEACH FL 32547  City  FL  City  FL  Zig Code  FL  Zig Code  City  FL  Zig Code  City  FL  Zig Code  City  FL  Zig Code  FL  Zig Co				·	<b>4.</b> F	59-3301011			·		
F.   Name and Address of New Registrand Agent	Zip	. Country	Zip	ip Countr		5. 0					
Name		6. Name and Address of Current Registered Agent				7. N		distered Ag	ent		
### PLORES, STORES AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11. ADDITIO	,		Name								
### PLORES, STORES AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11. ADDITIO	FLORES.	GEORGE		!	Charles (BO Box Number in Not Accordable)						
FT WALTON BEACH FL 32547   City	•				Street Address (P.O. Box Number is Not Acceptable)						
City   FL   Zip Code	·										
B. 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. 1 am familiar with, and accept the obligations of registered agent.    SignAture   File NoW!!!   FEE IS \$150.00					City				Zip Cod	e	
SIGNATURE    PILE NOW!! FEE IS \$150.00	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										
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.											
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	SIGNATURE _	Signature, typed or printed name of registered agent a	and litle if applicable. (NO	TE: Registere	d Agent signature requ	uired when re	einstating)	DATE			
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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: