2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9500036576 Jan 28, 2000 8:00 am **Secretary of State** SOUTHWEST ELECTRIC, INC. 01-28-2000 90122 035 ***150.00 Mailing Address Principal Place of Business 3773 DOMESTIC AVE #B 3773 DOMESTIC AVE #B NAPLES FL 34104-3601 NAPLES FL 34104 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0577205 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PITKIN, JERALD R ESQ. Street Address (P.O. Box Number is Not Acceptable) 4947 TAMIAMI TRAIL NORTH **SUITE 202** NAPLES FL 34103 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11.

Applied For

Zip Code

\$5.00 May Be

Added to Fees

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition ۷D ☐ Delete TITLE TITLE CHASE, CARL NAME STREET ADDRESS STREET ADDRESS 9733 LITCHFIELD LANE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change Addition ☐ Delete TITLE TITLE NAME WATSON, RUFUS NAME STREET ADDRESS 4822 TAHITI LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF

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 with an address, with all other like empowered.

KUFUR H. WATSON 1-18-00 941-403-035 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO