FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 05, 2002 8:00 am P96000067046 DOCUMENT # **Secretary of State** 1. Entity Name 02-05-2002 90010 045 ***150.00 ELECTRICAL DESIGN CONSULTING & CONTRACTING, INC. Principal Place of Business Mailing Address 1995 BENTWOOD DR 1995 BENTWOOD DR WINTER PARK FL 32792 US WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3395335 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. .Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANNEY, PAUL R Street Address (P.O. Box Number is Not Acceptable) 1995 BENTWOOD DRIVE **WINTER PARK FL 32792** City Zio Code 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) **PSTD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition CANNEY, PAUL R NAME NAME 1995 BENTWOOD DRIVE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP TITLE VSTD ☐ Delete TITLE Change Addition NAME HALL, JEFF NAME STREET ADDRESS **5612 TANGERINE AVENUE** STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP winter Park Fl secretary Change Change Addition TITLE ☐ Delete TITLE llu me Ava NAME NAME gsummerset Terr. STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP Casselberry, FL 32707 CITY-ST-7IE ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 with an address, with all other like empowered.