Mar-06-00 01:56P David Hernandez 95

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State
03-31-2000 90028 001 ***150.00
03-31-2000 90028 002 *****8.75

DOCUMENT # P96000078419

1. Entity Name
GATOR ELECTRIC SERVICE OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
6149-CALLE DEL ROSA WEST PALM BEACH, FL 33415	6149-CALLE DEL ROSA WEST PALM BEACH, FL 33415

14040

2. Principal Place of Business	3. Mailing Address
744-BARNETT DRIVE	744-BARNETT DRIVE
Suite, Apt #, etc: 14	Suite, Apt #, etc: 14
City & State: LAKE WORTH, FL	City & State: LAKE WORTH, FL
Zip: 33461 Country: USA	Zip: 33461 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0387857 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343-ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: ALICE RILEY
Street Address (P.O. Box Number is Not Acceptable): 13170-69th STREET NORTH
City: ROYAL PALM BEACH FL Zip Code: 33412

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: X [signature] DATE: 3/5/00

9. This corporation is eligible to satisfy its filing requirement and elects to do so ☐ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	RILEY, ALICE	NAME	
STREET ADDRESS	6149-CALLE DEL ROSA	STREET ADDRESS	13170-69th STREET NORTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	CITY-ST-ZIP	ROYAL PALM BEACH, FL 33412
TITLE	VSD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	RILEY, BRUCE	NAME	
STREET ADDRESS	6149-CALLE DEL ROSA	STREET ADDRESS	13170-69th STREET NORTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	CITY-ST-ZIP	ROYAL PALM BEACH, FL 33412
TITLE	☐ Delete	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	
TITLE	☐ Delete	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	

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.

SIGNATURE: X [signature] 3/5/00 586-5807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #