## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 06, 2002 8:00 am g Secretary of State DOCUMENT # P96000082677 1. Entity Name 05-06-2002 90262 007 \*\*\*150.00 OR ELECTRIC AND DESIGN, INC. Principal Place of Business Mailing Address 23257 ST RD STE 111 23257 ST RD STE 111 **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address 23254 St. Rd 23257 St.RJ Suite, Apt. #, DO NOT WRITE IN THIS SPACE RODA 4. FEI Number Applied For ANON H. Boea 65-0703811 Not Applicable 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 George Groshoem GARRETT, GLENN J Street Address (P.Q Number is Not Acceptable, 6950 CYPRESS ROAD STE 101 PLANTATION FL 33317 8. The above named entity 9 iomite this state ent for the 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PDVS** ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 NAME FIELDS, VEDA NAME STREET ADDRESS 23257 STATE ROAD 7 #111205 STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33428** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

