

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90106 021 ***158.75

DOCUMENT # P96000087952
1. Entity Name
ELECTRIC CURRENT INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6400-10 STN	3. Mailing Address 6400-10 STN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

50049230

DO NOT WRITE IN THIS SPACE

City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL	4. FEI Number 59-3413116	Applied For Not Applicable
Zip 33702	Country USA	Zip 33702	Country USA
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JOHN L MCENTEGART**

Street Address (P.O. Box Number is Not Acceptable)

6400-10 STN

City **ST. PETERSBURG FL** Zip Code **33702**

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.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JOHN L MCENTEGART 6400-10 STN ST. PETERSBURG FL 33702	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT KELLES MCENTEGART 6400-10 STN ST. PETERSBURG FL 33702	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John McEntegart **JOHN L MCENTEGART**

4/18/05 (727) 526-7976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)