2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State P97000023019 **DOCUMENT #** 1. Entity Name 05-27-2002 90460 011 ***150 00 LEMCO ELECTRIC, INC. Mailing Address Principal Place of Business 127 NW 13 STREET. SUITE 2 127 NW 13 STREET. SUITE 2 **BOCA RATON FL 33432** BOCA RATON FL 33432 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0734124 City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired 7ip Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete NAME LASATER, MARVIN G NAME STREET ADDRESS 127 Northwest 13 Street, Suite 2 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME stipo, John A NAME STREET ADDRESS 127 NORTHWEST 13 STREET, SUITE 2 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME stipo. Dana m NAME STREET ADDRESS 127 NORTHWEST 13 STREET, SUITE 2 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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 chapted or no an attachment with an address with all other than an order of the corporation of 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 CITY-ST-ZIP

changed, or on an attachmer