**FILED** 

## 2002 Uniform Business Report (UBR)

## Apr 02, 2002 8:00 am Secretary of State **DOCUMENT #** P97000034143 1. Entity Name 04-02-2002 90056 042 \*\*\*150.00 R AND SONS ELECTRIC, INC. Principal Place of Business Mailing Address 6772 BABCOCK ST 6772 BABCOCK ST FORT MYERS FL 33912 FORT MYERS FL 33912 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0744573 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **HUTCHENS. RANDY G** Street Address (P.O. Box Number is Not Acceptable) 6772 BABCOCK ST FORT MYERS FL 33912 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01 ☐ Change ■ Addition Delete TITLE TITLE DAWN HUTCHENS NAME NAME 6772 BABCOCK ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT MYERS FL 33912 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE HUTCHENS, RANDY G NAME STREET ADDRESS STREET ADDRESS 6772 BABCOCK ST CITY-ST-ZIP CITY-ST-7IP FT MYERS FL 33912 -=- El Change ■ Addition TITLE ☐ `Delete\*\* TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLĘ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

ECDAWN HUTCHENS VRS 03-22-02 941-275-5690