2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # **P97000053359 BIG LAKE ELECTRIC INCORPORATED** 02-01-2000 90113 027 ***158.75 Principal Place of Business Mailing Address P.O. BOX 124 208 SW 7TH OKEECHOBEE FL 34973-0124 OKEECHOBEE FL 34974 010664 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0759983 Not Applicable Zip Country Zip Country \$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 ANDERSON, GEORGE GARLAND JR Street Address (P.O. Box Number is Not Acceptable) **425 SE 16TH AVE** OKEECHOBEE FL 34974 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VTD ☐ Change ☐ Addition TITI F ☐ Delete ANDERSON, GEORGE GARLAND JR MAME NAME STREET ADDRESS 425 S.E. 16TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34974 PSC** X Change TITLE ☐ Addition TITLE ☐ Delete **CLOSE KENNETH EDWARD** NAME NAME CLOSE KENNETH EDWARD 1420 SW 3RD AVE STREET ADDRESS STREET ADDRESS 3072 NW 5th Street CITY-ST-ZIP **OKEECHOBEE FL 34974** CITY-ST-ZIP Okeechobee. FL 349.72 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP* CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE Delete 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: