2001 UNIFORM BUSINESS REPORT (UBR)

NAME

STREET ADDRESS

SIGNATURE:

FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # P9700066806 05-15-2001 90102 047 ***158.75 SUNSHINE ELECTRICAL & PLUMBING SUPPLY, INC. Principal Place of Business Mailing Address 2730 S. FIRST STREET PO BOX 1448 C0065604 LAKE CITY FL 32056-2349 LAKE CITY FL 32056-2349 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3462701 Not Applicable Zip Country 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 NORRIS, JOHN E Street Address (P.O. Box Number is Not Acceptable) 201 N. MARION STREET SUITE 301 LAKE CITY FL 32055 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 Signature, typed or printed name of registered agent and title 1 apolicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Change CR2E034 (10/00) TITLE Delete MILTON, A.C. NAME NAME STREET ADDRESS 2730 S. FIRST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32055 TITLE DST ☐ Change ☐ Addition TITLE Delete MILTON, MEARL NAME NAME STREET ADDRESS STREET ADDRESS 2730 S. FIRST STREET CITY-ST-7IP CITY-ST-ZIP LAKE CITY FL 32055 TITLE Delete TITLE □ Change Addition MILTON, ALTON CARL JR NAME NAME STREET ADDRESS STREET ADDRESS 2730 S. FIRST STREET CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32055 TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

NAME

SIGNAZURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 truttee 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.

A. C. Milton

386-752-1051

Daytime Phone #

4-30-01

Date