2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97 0000 72930 Apr 11, 2001 8:00 am **Secretary of State** WILCO ELECTRICAL CONTRACTING, INC. 04-11-2001 90085 004 ***158.75 Principal Place of Business Mailing Address 22600 SW 180 CT 22600 SW 180 CT MIAMI FL 33/70 TPOUPUUM MIAMI FL 33170 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number <u>65-0781082</u> Not Applicable Zip Country 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 Name HENDERSON, CATHRYN K. Street Address (P.O. Box Number is Not Acceptable) 22600 SW 180 CT MIAMI FL City Zip Code FL 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 reinstating) DATE 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

Added to Fees OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME DOUGLAS KIRK, SR. Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Chance [] Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIF CITY-ST-ZIP Acdition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete BITIE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TiTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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

DON CATHRYN K. HENDERSON 4/02/0)

305-748-9911