2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P97000080138

1. Entity Name

ELECTROTECH OF SOUTH FLORIDA, INC.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90063 046 ***150.00

Principal Place of Business 13081 SW 40TH ST. DAVIE FL 33330		Mailing Address 13081 SW 40TH ST. DAVIE FL 33330					
2. Principal Place of Business		3. Mailing Address				1 10811 1091 119 10911 16011 16011 00111 00111 00101 10111 10101 1111 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
City & State		City & State		4.	4. FEI Number 59-3468273 Applied For Not Applicable		
Zip	Country	Zip			5.	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent			7.	Name and Address of New Registered Agent	
00071 14001470 14				Name			
-	ACQUES M	Street Addres		dress (P.O.	(P.O. Box Number is Not Acceptable)		
	/ 40TH ST.	Judge Addie			5 (1.0. DOX Hamber is Not Acceptable)		
DAVIE FL	33330					•	
				City		FL Zip Code	
tue obliga	e named entity submits this statement fitions of registered agent.	or the purpose of changing	its register	ed office or r	egistered a	gent, or both, in the State of Florida. I am familiar with, and acc	cept
SIGNATURE	Signature, typed or printed name of registered agent	and fills if an affach i	OTE 8				_
		and title if applicable. (NO	DTE: Registere	d Agent signature	a required when	reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State				9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Added to Fees	
10.	OFFICERS AND DIRECTORS				A	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GODEL, JAQUES M 13081 SW 40TH ST. DAVIE FL 33330			E ET ADDRESS		☐ Change ☐ Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GODEL, DANA J 13081 SW 40TH ST. DAVIE FL 33330	☐ Delete		ST-ZIP ET ADDRESS ST-ZIP	1 7843	☐ Change ☐ Add	dition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete			ا الرين وينهيمه ين	Change ☐ Add	dition
ITLE NAME STREET ADDRESS MTY-ST-ZIP		☐ Delete			. •	☐ Change ☐ Add	lition
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ITLE IAME TREET ADDRESS ITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete	CITY-	T ADDRESS ST-ZIP	u	☐ Change ☐ Addi	
of the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	wered to execute this report	t as require	nption stated are shall have ad by Chapte	in Section e the same er 607, Flori	119.07(3)(i), Florida Statutes. I further certify that the informatio legal effect as if made under oath; that I am an officer or direct da Statutes; and that my name appears in Block 10 or Block 11	or 1 if

SIGNATURE:

SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

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