

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90741 007 ***150.00

DOCUMENT # P98000002649

1. Entity Name
POSITIVE ELECTRIC, INC.



Principal Place of Business
**C/O JOHN HAHN CPA
3907 NW 1ST PL.
DEERFIELD BEACH FL 33442**

Mailing Address
**C/O JOHN HAHN CPA
3907 NW 1ST PL.
DEERFIELD BEACH FL 33442**



2. Principal Place of Business
7689 Doubleton Dr
Suite, Apt. #, etc.

3. Mailing Address
7689 Doubleton Dr
Suite, Apt. #, etc.
Delray Beach Fl

City & State
Delray Beach

City & State

4. FEI Number **65-0804236**

Applied For
Not Applicable

Zip **33446**

Country

Zip **33446**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RITCHIE, RICK
3907 NW 1ST PL.
DEERFIELD BEACH FL 33442**

**7689 Doubleton Dr
Delray Beach Fl
33446**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RITCHIE, RICK**
CITY-ST-ZIP **1515 N FEDERAL HWY STE 300
BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **Ritchie Rick**
CITY-ST-ZIP **7689 Doubleton Dr.
Delray Beach, Fl 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-03

Date

561-637-2504

Daytime Phone #

CR2E034 (10/02)