2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

P98000078535

Mailing Address

1108 HAYMARKET

1. Entity Name

1108 HAYMARKET

FORTIN ELECTRIC, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90134 008 ***150.00

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LAKELAND FL 33809				LAKELAND FL 33809				00001110			
2. Principal Place of Business				3. Mailing Address					ili ibbol ibibi dilbi		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State			4.	FEI Number 59-3558180 Applied For Not Applicable			
Zip	Country			Zip Coun		try	5.	5. Certificate of Status Desired		lditional	
6. Name and Address of Current Registered Agent						I	Fee Required				
6. Name and Address of Current Registered Agent						A1	7. Name and Address of New Registered Agent				
CHRITTON, CHARLES P						Name					
				Street Address		ess (P.O. E	(P.O. Box Number is Not Acceptable)				
5300 SOUTH FLORIDA AVENUE											
LAKELAND FL 33813											
						City		F	Zip Cod	de	
A The above	named entity	culpraite this statem	ant for the pur	nosa of obanging its	rogistor	d office or rea	intered on	_ _		and segant	
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 .	Cinnatura turad	or printed name of registere	al	-l'l- MOTE	. D						
	signature, typed	or princed name or registered	d agent and title if ap	plicable, (NU1E	:: Hegistere	d Agent signature re-	quirea when n	reinstating) DAT		-m	
FILE NOW!!! FEE IS \$150.00								9. Election Campaign Financing	¢= (20	
After May 1, 2003 Fee will be \$550.00								Trust Fund Contribution.	□ Adde	00 May Be d to Fees	
Make Check Payable to Florida Department of State											
10.		OFFICERS	ORS 11,			ΑE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	FORTIN, BERT			☐ Delete		TITLE			Change	☐ Addition	
NAME					NAM						
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CITY-ST-ZIP		FL 33809			CITY	-ST-ZIP					
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CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption state							- Castier :	110.07/0V/0 Florido Or / 1 / 2	- 416 41 - 11		
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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: