2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State **DOCUMENT # P98000080799** SCOTT FULLER ELECTRIC CO., INC. 05-14-2001 90096 047 ***150.00 Principal Place of Business Mailing Address 2132 NE 25TH STREET 2132 NE 25TH STREET WILTON MANORS FL 33305 WILTON MANORS FL 33305 012354 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0863122 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FULLER, SCOTT R Street Address (P.O. Box Number is Not Acceptable) 2132 NE 25TH STREET WILTON MANORS FL 33305 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE NAME FULLER, SCOTT R NAME STREET ADDRESS 2132 NE 25TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33305 Change ☐ Addition VΡ ☐ Delete TITLE TITLE FULLER, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 2132 NE 25TH ST. CITY-ST-ZIF CITY-ST-ZIP WILTON MANORS FL 33305 Change ☐ Addition TITLE ☐ Delete TITLE BRUNTTI-FULLER, CAROLYN C NAME NAME STREET ADDRESS STREET ADDRESS 2132 NE 25TH STREET CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33305 Change Addition Delete TITLE Brunetti, Bennett e NAME NAME STREET ADDRESS STREET ADDRESS 1824 SE 21ST AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33316 Change ☐ Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS Caroling of the CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Scott R. Fuller

SIGNATURE: