

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

UUUUNUUUU



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000090896

1. Entity Name  
FRANCIS ELECTRIC INC

Principal Place of Business  
10460 NW 18TH MANOR  
PLANTATION FL 33322

Mailing Address  
10460 NW 18TH MANOR  
PLANTATION FL 33322

2. Principal Place of Business  
6299 W Sunrise Blvd.

Suite, Apt. #, etc.  
Suite 209

City & State  
Plantation Fl.

Zip  
33313

Country  
USA

3. Mailing Address  
10460 NW 18th Manor

Suite, Apt. #, etc.

City & State  
Plantation

Zip  
33322

Country

4. FEI Number  
65-0869944

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
FRANCIS, DELROY  
10460 NW 18TH MANOR  
PLANTATION FL 33322

7. Name and Address of New Registered Agent  
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.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01  
Date

954-327-1927  
Daytime Phone #