

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91843 015 ***150.00

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DOCUMENT # P98000090896

1. Entity Name

FRANCIS ELECTRIC INC



Principal Place of Business

6299 W SUNRISE BLVD
STE 209
SUNRISE FL 33313

Mailing Address

10460 NW 18TH MANOR
PLANTATION FL 33322

2. Principal Place of Business

6299 W. Sunrise Blvd

3. Mailing Address

6299 W Sunrise Blvd

Suite, Apt. #, etc.

Ste. 209

Suite, Apt. #, etc.

Ste. 209

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33313

Country

USA

Zip

33313

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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

→ 6299 W Sunrise Blvd
Ste. 209
→ Sunrise, FL 33313

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. 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

TITLE ☐ Delete
NAME PST
STREET ADDRESS FRANCIS, DELROY
CITY-ST-ZIP 10460 NW 18TH MANOR → 6299 W Sunrise
PLANTATION FL 33322 → Ste. 209
→ Sunrise, FL 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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

PRESIDENT

4/25/03

954-327-1921

Date

Daytime Phone #

CR2E034 (10/02)