2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, y

SIGNATURE:

FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # P98000106349 TARPON ELECTRIC, INC. 05-02-2000 90149 039 ***150.00 Mailing Address Principal Place of Business P O BOX 15663 P O ROX 15663 MUU 10 W TALLAHASSEE FL 32317-5663 TALLAHASSEE FL 32317 3. Mailing Address 2. Principal Place of Business 1 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3549399 Not Applicable \$8.75 Additional Zip Country 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 Name PETER N. FELD, P.A. Street Address (P.O. Box Number is Not Acceptable) 629 SW FIRST AVE FT LAUDERDALE FL 33301 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE **PVST** ☐ Delete TITLE NAME NAME GEORGE, NICK M III STREET ADDRESS STREET ADDRESS 7279 OLD BAINBRIDGE RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 Addition TITLE Change ☐ Delete TITLE NAME NAME GEORGE, NICK M III STREET ADDRESS STREET ADDRESS 7279 OLD BAINBRIDGE RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP s filing closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to a secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this into indicated on this report or supplemental report is tru of the corporation or the receiver or trustee empow